

IT-540B-2D (Page 1 of 4)  
**2019 LOUISIANA NONRESIDENT  
 AND PART-YEAR RESIDENT - 2D**

DEV ID

Name  
Change

Decedent  
Filing

Spouse  
Decedent

Address  
Change

Amended  
Return

NOL  
Carryback

MSRA

Nonresident  
Return

Part-Year  
Return

2015 Legislation Recovery

Taxpayer DOB

Spouse DOB

Taxpayer SSN

Spouse SSN

Telephone

**FILING STATUS:** Enter the appropriate number in the filing status box. It must agree with your federal return.

Enter a "1" in box if **single**.

Enter a "2" in box if **married filing jointly**.

Enter a "3" in box if **married filing separately**.

Enter a "4" in box if **head of household**.

If the qualifying person is not your dependent, enter name here.

Enter a "5" in box if **qualifying widow(er)**.

**6 EXEMPTIONS:**

6A	<input checked="" type="checkbox"/> Yourself	65 or older	Blind
6B	<input type="checkbox"/> Spouse	65 or older	Blind

Total of  
6A & 6B

**6C DEPENDENTS** – Enter dependent information below. If you have more than 6 dependents, attach a statement to your return with the required information. Enter the number of dependents claimed on your Federal Form 1040 or 1040-SR here.

**6C**

Dependent First and Last Name	Social Security Number	Relationship to you	Birth Date (mm/dd/yyyy)

**IMPORTANT!**

All four (4) pages of this return **MUST** be mailed in together along with your W-2s and completed schedules. Please paperclip. **Do not staple.**

**6D TOTAL EXEMPTIONS** – Total of 6A, 6B, and 6C

**6D**

**FOR OFFICE USE ONLY**

Field Flag 

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**62081**



If you are not required to file a federal return, indicate wages here.

Mark this box and enter zero "0" on Lines 7 through 14.

7	FEDERAL ADJUSTED GROSS INCOME – From the NPR worksheet, Federal column, Line 12									7
8	LOUISIANA ADJUSTED GROSS INCOME – From the NPR worksheet, Line 20									8
9	RATIO OF LOUISIANA ADJUSTED GROSS INCOME TO FEDERAL ADJUSTED GROSS INCOME									9
10A	FEDERAL ITEMIZED DEDUCTIONS									10A
10B	FEDERAL STANDARD DEDUCTION									10B
10C	EXCESS FEDERAL ITEMIZED DEDUCTIONS – Subtract Line 10B from Line 10A.									10C
10D	FEDERAL INCOME TAX Mark Box 1 if your federal income tax has been decreased by the foreign tax credit. Mark Box 2 if your federal income tax has been decreased by a federal disaster credit allowed by IRS.					1		2		10D
10E	TOTAL DEDUCTIONS – Add Lines 10C and 10D.									10E
10F	ALLOWABLE DEDUCTIONS – Multiply Line 10E by the percentage on Line 9. Round to the nearest dollar.									10F
11	LOUISIANA NET INCOME – Subtract Line 10F from Line 8. If less than zero, enter zero "0".									11
12	YOUR LOUISIANA INCOME TAX									12
13	NONREFUNDABLE PRIORITY 1 CREDITS – From Schedule C-NR, Line 8									13
14	TAX LIABILITY AFTER NONREFUNDABLE PRIORITY 1 CREDITS – Subtract Line 13 from Line 12. If less than zero, enter zero "0".									14
15	2019 LOUISIANA REFUNDABLE CHILD CARE CREDIT – From Refundable Child Care Credit Worksheet, Line 11									15
15A	Enter the qualified expense amount from the Refundable Child Care Credit Worksheet, Line 3.									15A
15B	Enter the amount from the Refundable Child Care Credit Worksheet, Line 6.									15B
16	2019 LOUISIANA REFUNDABLE SCHOOL READINESS CREDIT – From Refundable School Readiness Credit Worksheet, Line 4									16
		5	4	3	2					
17	LOUISIANA CITIZENS INSURANCE CREDIT								17A	17
18	OTHER REFUNDABLE PRIORITY 2 CREDITS – From Schedule F-NR, Line 10									18
19	TOTAL REFUNDABLE PRIORITY 2 CREDITS – Add Lines 15 and 16 through 18. Do not include amounts on Lines 15A, 15B, and 17A.									19
20	TAX LIABILITY AFTER REFUNDABLE PRIORITY 2 CREDITS									20
21	OVERPAYMENT AFTER REFUNDABLE PRIORITY 2 CREDITS									21



Social Security Number

22	NONREFUNDABLE PRIORITY 3 CREDITS – From Schedule J-NR, Line 16		22
23	ADJUSTED LOUISIANA INCOME TAX – Subtract Line 22 from Line 20. If the result is less than zero or you are not required to file a federal return, enter zero “0”.		23
24	CONSUMER USE TAX	No use tax due.	24
		Amount from the Consumer Use Tax Worksheet.	
25	TOTAL INCOME TAX AND CONSUMER USE TAX – Add Lines 23 AND 24.		25
26	OVERPAYMENT OF REFUNDABLE PRIORITY 2 CREDITS – Enter the amount from Line 21.		26
27	REFUNDABLE PRIORITY 4 CREDITS – From Schedule I-NR, Line 6		27
28	<b>AMOUNT OF LOUISIANA TAX WITHHELD FOR 2019 – Attach Forms W-2 and 1099.</b>		28
29	AMOUNT OF CREDIT CARRIED FORWARD FROM 2018		29
30	AMOUNT PAID ON YOUR BEHALF BY A COMPOSITE PARTNERSHIP FILING Enter name of partnership. _____		30
31	AMOUNT OF ESTIMATED PAYMENTS FOR 2019		31
32	AMOUNT PAID WITH EXTENSION REQUEST		32
33	TOTAL REFUNDABLE TAX CREDITS AND PAYMENTS – Add Lines 26 through 32.		33
34	OVERPAYMENT – If Line 33 is greater than Line 25, subtract Line 25 from Line 33. Otherwise, enter zero “0” on Lines 34 through 40 and go to Line 41.		34
35	UNDERPAYMENT PENALTY – If you are a farmer, mark the box.		35
36	ADJUSTED OVERPAYMENT – If Line 34 is greater than Line 35, subtract Line 35 from Line 34 and enter the result here. If Line 35 is greater than Line 34, enter zero “0” on Lines 36 through 40, subtract Line 34 from Line 35, and enter the balance on Line 41.		36
37	TOTAL DONATIONS – From Schedule D-NR, Line 18		37
38	SUBTOTAL – Subtract Line 37 from Line 36. This amount of overpayment is available for credit or refund.		38
39	AMOUNT OF LINE 38 TO BE CREDITED TO 2020 INCOME TAX	<b>CREDIT</b>	39
40	AMOUNT TO BE REFUNDED – Subtract Line 39 from Line 38. Enter a “2” in box if you want to receive your refund by paper check. Enter a “3” in box if you want to receive your refund by direct deposit and complete the information below. If the information is unreadable, you will receive your refund by paper check.	<b>REFUND</b>	40
	<b>If you are filing for the first time or if you do not make a refund selection, you will receive your refund by paper check.</b>		
	<b>DIRECT DEPOSIT INFORMATION</b>		
	Type:    Checking                      Savings	Will this refund be forwarded to a financial institution located outside the United States?	Yes                      No
	Routing Number	Account Number	



Social Security Number

**AMOUNTS DUE LOUISIANA**

41	AMOUNT YOU OWE – If Line 25 is greater than Line 33, subtract Line 33 from Line 25 and enter the balance here.	41
42	<b>ADDITIONAL DONATION TO THE MILITARY FAMILY ASSISTANCE FUND</b>	42
43	<b>ADDITIONAL DONATION TO THE COASTAL PROTECTION AND RESTORATION FUND</b>	43
44	<b>ADDITIONAL DONATION TO LOUISIANA FOOD BANK ASSOCIATION</b>	44
45	INTEREST	45
46	DELINQUENT FILING PENALTY	46
47	DELINQUENT PAYMENT PENALTY	47
48	UNDERPAYMENT PENALTY – If you are a farmer, mark the box.	48
49	<b>BALANCE DUE LOUISIANA</b> – Add Lines 41 through 48.	49

**PAY THIS AMOUNT.  
DO NOT SEND CASH.**

**IMPORTANT!**

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**Do not staple.**

Status

Contribution and Donation

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. If I made a contribution to the START Savings Program, I consent that my Social Security Number may be given to the Louisiana Office of Student Financial Assistance to properly identify the START Savings Program account holder. If married filing jointly, both Social Security Numbers may be submitted. I understand that by submitting this form I authorize the disbursement of individual income tax refunds through the method as described on Line 40.

Your Signature	Date (mm/dd/yyyy)	Spouse's Signature (If filing jointly, both must sign.)	Date (mm/dd/yyyy)
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<b>PAID PREPARER USE ONLY</b>	Print/Type Preparer's Name		Preparer's Signature	Date (mm/dd/yyyy)	Check <input type="checkbox"/> if Self-employed
	Firm's Name ➤			Firm's FEIN ➤	
	Firm's Address ➤			Telephone ➤	

Name

**Individual Income Tax Return  
Calendar year return due 5/15/2020**

Mail to: Department of Revenue

PTIN, FEIN, or  
LDR Account Number  
of Paid Preparer

For Office  
Use Only.



**62084**

**SCHEDULE C-NR – 2019 NONREFUNDABLE PRIORITY 1 CREDITS**

1 CREDIT FOR CERTAIN DISABILITIES - Mark an "X" in the appropriate boxes. Only one credit is allowed per person.

		Deaf	Loss of Limb	Mentally incapacitated	Blind	1D	Enter the total number of qualifying individuals. Only one credit is allowed per person.	1D
1A	Yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
1B	Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1E	Multiply Line 1D by \$72.	1E
1C	Dependent *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

\* List dependent names here. >

2 CREDIT FOR CONTRIBUTIONS TO EDUCATIONAL INSTITUTIONS

2A	Enter the value of computer or other technological equipment donated. Attach Form R-3400.	2A
2B	Multiply Line 2A by 29 percent.	2B

3 CREDIT FOR CERTAIN FEDERAL TAX CREDITS

3A	Enter the amount of eligible federal credits.	3A
3B	Multiply Line 3A by 7 percent. Enter the result or \$18, whichever is less. This credit is limited to \$18.	3B

**Additional Nonrefundable Priority 1 Credits**

Enter credit description and associated code, along with the dollar amount of credit claimed.

	Credit Description	Credit Code	Amount of Credit Claimed
4	_____		4
5	_____		5
6	_____		6
7	_____		7
8	TOTAL NONREFUNDABLE PRIORITY 1 CREDITS – Add Lines 1E, 2B, 3B, and 4 through 7. Also, enter this amount on Form IT-540B-2D, Line 13.		8



**SCHEDULE D-NR – 2019 DONATION SCHEDULE**

Individuals who file an individual income tax return and have overpaid their tax may choose to donate all or part of their overpayment shown on Line 36 of Form IT-540B-2D to the organizations or funds listed below. Enter on Lines 2 through 17, the portion of the overpayment you wish to donate. The total on Line 18 cannot exceed the amount of your overpayment on Line 36 of Form IT-540B-2D.

<b>1</b>	<b>Adjusted Overpayment</b> - From Form IT-540B-2D, Line 36			<b>1</b>	
<b>2</b>	<b>The Military Family Assistance Fund</b>	<b>2</b>	<b>10</b>	Louisiana Association of United Ways/LA 2-1-1	<b>10</b>
<b>3</b>	<b>Coastal Protection and Restoration Fund</b>	<b>3</b>	<b>11</b>	American Red Cross	<b>11</b>
<b>4</b>	The START Program	<b>4</b>	<b>12</b>	Louisiana National Guard Honor Guard for Military Funerals	<b>12</b>
<b>5</b>	Wildlife Habitat and Natural Heritage Trust Fund	<b>5</b>	<b>13</b>	Louisiana State Troopers Charities, Inc.	<b>13</b>
<b>6</b>	Louisiana Cancer Trust Fund	<b>6</b>	<b>14</b>	Friends of Palmeto State Park	<b>14</b>
<b>7</b>	Louisiana Pet Overpopulation Advisory Council	<b>7</b>	<b>15</b>	Children's Therapeutic Services at the Emerge Center	<b>15</b>
<b>8</b>	Louisiana Food Bank Association	<b>8</b>	<b>16</b>	Louisiana Horse Rescue Association	<b>16</b>
<b>9</b>	Make-A-Wish Foundation of the Texas Gulf Coast and Louisiana	<b>9</b>	<b>17</b>	Louisiana Coalition Against Domestic Violence	<b>17</b>
<b>18</b>	<b>TOTAL DONATIONS</b> – Add Lines 2 through 17. This amount cannot be more than Line 1. Also, enter this amount on Form IT-540B-2D, Line 37.			<b>18</b>	



**SCHEDULE F-NR – 2019 REFUNDABLE PRIORITY 2 CREDITS**

1 Credit for amounts paid by certain military servicemembers for obtaining Louisiana Hunting and Fishing Licenses.

1A Yourself  Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Driver's License number \_\_\_\_\_ State of issue \_\_\_\_\_  
 or State Identification \_\_\_\_\_ State of issue \_\_\_\_\_

1B Spouse  Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Driver's License number \_\_\_\_\_ State of issue \_\_\_\_\_  
 or State Identification \_\_\_\_\_ State of issue \_\_\_\_\_

1C Dependents: List dependent names.

Dependent name _____	Date of Birth (MM/DD/YYYY) _____
Dependent name _____	Date of Birth (MM/DD/YYYY) _____
Dependent name _____	Date of Birth (MM/DD/YYYY) _____
Dependent name _____	Date of Birth (MM/DD/YYYY) _____

1D Enter the amount of the credit for fees paid by certain military servicemembers for obtaining Louisiana Hunting and Fishing Licenses.

1D

**Additional Refundable Priority 2 Credits**

Enter credit description and associated code, along with the dollar amount of credit claimed.

Credit Description	Credit Code	Amount of Credit Claimed
2 _____	2	
3 _____	3	
4 _____	4	
5 _____	5	
6 _____	6	

6A School Readiness Child Care Directors and Staff Credit - Facility License Number

**Transferable, Refundable Priority 2 Credits**

Enter the State Certification Number from Form R-6135, along with the dollar amount of credit claimed.

Credit Description	Credit Code	Amount of Credit Claimed
7 Musical and Theatrical Production	62F	7
7A _____		
8 Musical and Theatrical Production	62F	8
8A _____		
9 Musical and Theatrical Production	62F	9
9A _____		
10 OTHER REFUNDABLE PRIORITY 2 CREDITS – Add Lines 1D and 2 through 9. Enter the result here and on Form IT-540B-2D, Line 18.		10



\*\*\* Schedule G omitted on purpose \*\*\*

**SCHEDULE H-NR – 2019 MODIFIED FEDERAL INCOME TAX DEDUCTION**

- 1 Enter the amount of your federal income tax liability as shown on the Federal Income Tax Deduction Worksheet. 1
- 2 Enter the amount of federal disaster credits allowed by IRS. 2
- 3 Add Line 1 and Line 2. Enter the result here and on Form IT-540B-2D, Line 10D. 3

**SCHEDULE I-NR – 2019 REFUNDABLE PRIORITY 4 CREDITS**

Enter credit description and associated code, along with the dollar amount of credit amount claimed.

	Credit Description	Credit Code	Amount of Credit Claimed
1	_____		1
2	_____		2
3	_____		3
4	_____		4
5	_____		5
6	TOTAL REFUNDABLE PRIORITY 4 CREDITS – Add Lines 1 through 5. Enter the result here and on Form IT-540B-2D, Line 27.		6





Social Security Number

**SCHEDULE J-NR – 2019 NONREFUNDABLE PRIORITY 3 CREDITS**

**Nonrefundable Child Care Credits**

1	FEDERAL CHILD CARE CREDIT	1
2	2019 LOUISIANA NONREFUNDABLE CHILD CARE CREDIT	2
3	AMOUNT OF LOUISIANA NONREFUNDABLE CHILD CARE CREDIT CARRIED FORWARD FROM 2014 THROUGH 2018	3
4	2019 LOUISIANA NONREFUNDABLE SCHOOL READINESS CREDIT	4
	5      4      3      2	
5	AMOUNT OF LOUISIANA NONREFUNDABLE SCHOOL READINESS CREDIT CARRIED FORWARD FROM 2014 THROUGH 2018	5

**Additional Nonrefundable Priority 3 Credits**

Enter credit description and associated code, along with the dollar amount of credit claimed.

	Credit Description	Credit Code	Amount of Credit Claimed
6	_____	6	
7	_____	7	
8	_____	8	
9	_____	9	
10	_____	10	
11	_____	11	



**SCHEDULE J-NR – 2019 NONREFUNDABLE PRIORITY 3 CREDITS ...continued**

**Transferable, Nonrefundable Priority 3 Credits**

Enter credit description, associated code, along with the dollar amount of credit claimed and the State Certification Number from Form R-6135.

	<b>Credit Description</b>	<b>Credit Code</b>	<b>Amount of Credit Claimed</b>
12	_____	12	
12A			
13	_____	13	
13A			
14	_____	14	
14A			
15	_____	15	
15A			
16	TOTAL NONREFUNDABLE PRIORITY 3 CREDITS – Add Lines 2 through 15. Also, enter this amount on IT-540B-2D, Line 22.	16	



**2019 Nonresident and Part-Year Resident (NPR) Worksheet**

		Federal	Louisiana
1	Wages, salaries, tips, etc.		
2	Taxable interest		
3	Dividends		
4	Business income (or loss) and farm income (or loss)		
5	Gains (or losses)		
6	IRA distributions, pensions and annuities		
7	Rental real estate, royalties, partnerships, S corporations, trusts, etc.		
8	Social Security benefits		
9	Other income		
10	Total Income – Add the income amounts on Lines 1 – 9 for each column.		
11	Total Adjustments to Income		
12	<b>Adjusted Gross Income</b> – Subtract Line 11 from Line 10 for each column. Enter the amount in the Federal column on Form IT-540B, Line 7. The amount shown in the <b>Federal column</b> should agree with Federal Form 1040 or 1040-SR, Line 8b.		

Additions		
13	Interest and dividend income from other states and their political subdivisions	
14	Recapture of START contributions	
15	Add back of donation to school tuition organization credit	
16	Add back of pass-through entity loss	
17	Total - Add Lines 12 through 16.	

Subtractions			
<b>EXEMPT INCOME</b> - Enter on Lines 18A through 18F; the amount of any exempt income included in Line 12 in the Louisiana column. Enter the description and associated code, along with the dollar amount. <i>See the instructions.</i>			
	Exempt Income Description	Code	Amount
18A		E	
18B		E	
18C		E	
18D		E	
18E		E	
18F		E	
19	<b>Total Exempt Income</b> – Add Lines 18A through 18F.		
20	<b>LOUISIANA ADJUSTED GROSS INCOME.</b> Subtract Line 19 from Line 17. Also, enter this amount on Form IT-540B, Line 8.		

Description - See the instructions.	Code
Interest and Dividends on U.S. Government Obligations	01E
Louisiana State Employees' Retirement Benefits <i>Taxpayer date retired: _____ Spouse date retired: _____</i>	02E
Louisiana State Teachers' Retirement Benefits <i>Taxpayer date retired: _____ Spouse date retired: _____</i>	03E
Federal Retirement Benefits <i>Taxpayer date retired: _____ Spouse date retired: _____</i>	04E
Other Retirement Benefits <i>Provide name or statute: _____</i> <i>Taxpayer date retired: _____ Spouse date retired: _____</i>	05E
Annual Retirement Income Exemption for Taxpayers 65 or over <i>Provide name of pension or annuity: _____</i>	06E
Native American Income	08E
START Savings Program Contribution	09E

Description - See the instructions.	Code
Military Pay Exclusion	10E
Road Home	11E
Recreation Volunteer	13E
Volunteer Firefighter	14E
Voluntary Retrofit Residential Structure	16E
Elementary and Secondary School Tuition	17E
Educational Expenses for Home-Schooled Children	18E
Educational Expenses for Quality Public Education	19E
Capital Gain from Sale of Louisiana Business	20E
Employment of Certain Qualified Disabled Individuals	21E
S Bank Shareholder Income Exclusion	22E
Entity Level Taxes Paid to Other States	23E
Pass - Through Entity Exclusion	24E
IRC Code 280C Expense	25E
Other, see instructions. Identify: _____	49E



## 2019 Louisiana School Expense Deduction Worksheet

Your Name	Your Social Security Number
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- I.** This worksheet should be used to calculate the three School Expense Deductions listed below. These deductions may only be taken for school expenses paid in Louisiana during the time a person was a Louisiana resident. Refer to Revenue Information Bulletin 12-008 and 09-019 on LDR's website for more information.
1. **Elementary and Secondary School Tuition** – R.S. 47:297.10 provides a deduction for amounts paid during the tax year for tuition and fees required for your dependent child's enrollment in a nonpublic elementary or secondary school that complies with the criteria set forth in *Brumfield v. Dodd* and Section 501(c)(3) of the Internal Revenue Code or to any public elementary or secondary laboratory school that is operated by a public college or university. The school can verify that it complies with the criteria. The deduction is equal to the actual amount of tuition and fees paid per dependent, limited to \$5,000. The tuition and fees that can be deducted include amounts paid for tuition, fees, uniforms, textbooks and other supplies **required** by the school.
  2. **Educational Expenses for Home-Schooled Children** – R.S. 47:297.11 provides a deduction for educational expenses paid during the tax year for home-schooling your dependent child. In order to qualify for the deduction, you must be approved by the State Board of Elementary and Secondary Education (BESE) for home-schooling. The deduction is equal to 50 percent of the actual qualified educational expenses paid for the home-schooling per dependent, limited to \$5,000. Qualified educational expenses include amounts paid for the purchase of textbooks and curricula necessary for home-schooling.
  3. **Educational Expenses for a Quality Public Education** – R.S. 47:297.12 provides a deduction for the fees or other amounts paid during the tax year for a quality education of a dependent child enrolled in a public elementary or secondary school, including Louisiana Department of Education approved charter schools. The deduction is equal to 50 percent of the amounts paid per dependent, limited to \$5,000. The amounts that can be deducted include amounts paid for uniforms, textbooks and other supplies **required** by the school.
- II.** On the chart below, list the name of each qualifying dependent and the name of the school the student attends. If the student is home-schooled, enter "home-schooled." Enter an "X" in the box in column 1 if your dependent qualifies for the Elementary and Secondary School Tuition deduction, column 2 for Educational Expenses for Home-Schooled Children deduction, or column 3 for Quality Public Education deduction. If you have more than six qualifying dependents, attach a statement to your return with the required information.

Student	Name of Qualifying Dependent	Name of School	Deduction as described above in Section I		
			1	2	3
A					
B					
C					
D					
E					
F					

- III.** Using the letters that correspond to each qualifying dependent listed in Section II, list the amount paid per student for each qualifying expense. For students attending a qualifying school, the expense must be for an item **required** by the school. Refer to the information in Section I to determine which expenses qualify for the deduction. Retain copies of cancelled checks, receipts and other documentation in order to support the amount of qualifying expenses. **If you checked column 1 in Section II, skip the 50% calculation below; however, the deduction is still limited to \$5,000.**

Qualifying Expense	List the amount paid for each student as listed in Section II.					
	A	B	C	D	E	F
Tuition and Fees						
School Uniforms						
Textbooks or Other Instructional Materials						
Supplies						
Total <i>(add amounts in each column)</i>						
If column 2 or 3 in Section II was checked, multiply by:	50%	50%	50%	50%	50%	50%
<b>Deduction per Student</b> – Enter the result or \$5,000, whichever is less.						

- IV.** Total the Deduction per Student in Section III, based on the deduction for which the students qualified as marked in boxes 1, 2, or 3 in Section II.

Enter the total <b>Elementary and Secondary School Tuition Deduction</b> here and on the NPR Worksheet, code 17E.	\$
Enter the total <b>Educational Expenses for Home-Schooled Children Deduction</b> here and on the NPR Worksheet, code 18E.	\$
Enter the total <b>Educational Expenses for a Quality Public Education Deduction</b> here and on the NPR Worksheet, code 19E.	\$





**2019 Louisiana Refundable School Readiness Credit Worksheet** (For use with Form IT-540B)

Your Name	Social Security Number
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R.S. 47:6104 provides a School Readiness Credit in addition to the credit for child care expenses as provided under R.S. 47:297.4. To qualify for this credit, the taxpayer must have Federal Adjusted Gross Income of \$25,000 or less and must have incurred child care expenses for a **qualified dependent under age six** who attended a child care facility that is participating in the Quality Start Rating program administered by the Louisiana Department of Education. The qualifying child care facility must have provided the taxpayer with Form R-10614 which verifies the facility's name, the facility license number, the LA Revenue Account number, the Quality Star Rating, and the rating award date. You must enter the facility license number in column D on Line 1 of the 2019 Louisiana Refundable Child Care Credit Worksheet to receive this credit.

**Complete this worksheet only if you claimed a Louisiana Refundable Child Care Credit on Form IT 540B, Line 15.**

1. Enter the amount of 2019 Louisiana Refundable Child Care Credit found on the Louisiana Refundable Child Care Credit Worksheet, Line 11. . . . . 1 \_\_\_\_\_ . **00**

Using the Quality Star Rating of the child care facility that your qualified dependent attended during 2019, shown on Form R-10614, determine the applicable percentage for the School Readiness Credit from the chart shown below:

(A) Quality Rating	(B) Percentages for Star Rating
Five Star	200% (2.0)
Four Star	150% (1.5)
Three Star	100% (1.0)
Two Star	50% (.50)
One Star	0% (.00)

2. Enter the number of your qualified dependents **under age six** who attended a:

Five Star Facility \_\_\_\_\_ and multiply the number by 2.0 . . . . . (i) \_\_\_\_\_ . \_\_\_\_\_

Four Star Facility \_\_\_\_\_ and multiply the number by 1.5 . . . . . (ii) \_\_\_\_\_ . \_\_\_\_\_

Three Star Facility \_\_\_\_\_ and multiply the number by 1.0 . . . . . (iii) \_\_\_\_\_ . \_\_\_\_\_

Two Star Facility \_\_\_\_\_ and multiply the number by .50 . . . . . (iv) \_\_\_\_\_ . \_\_\_\_\_

3. Add lines (i) through (iv) and enter the result. Be sure to include the decimal. . . . . 3 \_\_\_\_\_ . \_\_\_\_\_

4. Multiply Line 1 by the total on Line 3. If the number results in a decimal, round to the nearest dollar and enter the result here and on Form IT-540B, Line 16. . . . . 4 \_\_\_\_\_ . **00**

On Form IT-540B, Line 16 enter in the boxes designated for 5, 4, 3, or 2 the number of your qualified dependents as shown on Line 2 above for the associated star rated facility.

