To ensure proper credit, please DO NOT fold or staple.									
LOUISIANA ESTIN	ATED TAX DECLARATION VOUCHER	FOR INDIVIDUALS – 2020	T						
If year end differs fron	prior year, mark box. For calendar year 2020 or fis	cal year ending month/year	1						
Your Social Security Number	Spouse's Social Security Number	Payment Due Date	INDIVIDUAL Voucher						
Name Spouse's Name		Amount of payment.	DO NOT SEND CASH.						
Spouse's Name Address City, State ZIP	\$	S	.00						
	Mail this form with your payment to:								



Mail this form with your payment to: LA DEPT OF REVENUE PO BOX 91007 BATON ROUGE LA 70821-9007

Mail date								
For office use only								

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