



**IMPORTANT NOTICE**

Taxpayers who file electronically and owe additional Louisiana individual income tax for 2017 must complete the payment voucher at the bottom of this form, detach the voucher, and mail it by **May 15, 2018**, in order to avoid the assessment of penalties and interest. The top portion of this form should also be completed and retained by the taxpayer as a record of payment.

- **DO NOT SEND CASH**
- Complete and retain this portion as a record of payment
- You can make payments electronically at [www.revenue.louisiana.gov/latap](http://www.revenue.louisiana.gov/latap)

Your Name		
PRAVEEN KUMAR GAJJALA		
If Joint Return, Spouse's Name		
Address		
15719 FAIR HILLWAY APPLEVALLEY		
City	State	ZIP
SAINT PAUL	MN	55124

**Enter in order as listed on tax return**

Your Social Security Number
317-55-7310
Spouse's Social Security Number

Amount of Payment	42
Check Number	
Date Sent	

**Detach and submit the voucher below with your payment by May 15, 2018.**

R-540V-SD (1/18) **INDIVIDUAL INCOME TAX ELECTRONIC FILING PAYMENT VOUCHER** 1002 **2017**

Your Name		
PRAVEEN KUMAR GAJJALA		
If Joint Return, Spouse's Name		
Address		
15719 FAIR HILLWAY APPLEVALLEY		
City	State	ZIP
SAINT PAUL	MN	55124

REV 01/09/18 PRO

**E**

**Enter in order as listed on tax return.**

Your Social Security Number
317-55-7310
Spouse's Social Security Number

**Make payment to:**  
Louisiana Department of Revenue  
P. O. Box 3550  
Baton Rouge, LA 70821-3550

Amount of payment (DO NOT SEND CASH)

\$

**Please include the last four digits of your Social Security Number on your payment**



Mail date

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1903

For office use only

Name Change

# 2017 LOUISIANA RESIDENT - 2D

Decedent Filing

PRAVEEN KUMAR GAJJALA

Taxpayer SSN 317557310

Spouse Decedent

Spouse SSN

Address Change

15719 FAIR HILLWAY APPLEVALLEY

Amended Return

SAINT PAUL

MN 55124

Telephone

NOL Carryback

Taxpayer DOB

Spouse DOB

2015 Legislation Recovery

10121991

**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	Qualifying Widow(er)	Total of 6A & 6B	1
6B	<input type="checkbox"/> Spouse	65 or older	Blind			

**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 total number from Federal Form 1040A, Line 6c, or Federal Form 1040, Line 6c.

6C 0

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 1

**FOR OFFICE USE ONLY**

<input type="checkbox"/> Field Flag						
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If you are not required to file a federal return, indicate wages here.

Mark this box and enter zero "0" on Lines 7 through 13.

7	FEDERAL ADJUSTED GROSS INCOME – If your Federal Adjusted Gross Income is less than zero, enter "0".	From Louisiana Schedule E, attached	7	35010
8A	FEDERAL ITEMIZED DEDUCTIONS		8A	0
8B	FEDERAL STANDARD DEDUCTION		8B	0
8C	EXCESS FEDERAL ITEMIZED DEDUCTIONS – Subtract Line 8B from Line 8A.		8C	0
9	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 allow by IRS.	1      2	9	3228
10	YOUR LOUISIANA TAX TABLE INCOME – Subtract Lines 8C and 9 from Line 7. If less than zero, enter "0".		10	31782
11	YOUR LOUISIANA INCOME TAX		11	935
12	NONREFUNDABLE PRIORITY 1 CREDITS – From Schedule C, Line 9		12	0
13	TAX LIABILITY AFTER NONREFUNDABLE PRIORITY 1 CREDITS – Subtract Line 12 from Line 11. If the result is less than zero, enter zero "0".		13	935
14	2017 LOUISIANA REFUNDABLE CHILD CARE CREDITS – From Refundable Child Care Credit Worksheet, Line 11		14	0
14A	Enter the qualified expense amount from the Refundable Child Care Credit Worksheet, Line 3.		14A	0
14B	Enter the amount from the Refundable Child Care Credit Worksheet, Line 6.		14B	0
15	2017 LOUISIANA REFUNDABLE SCHOOL READINESS CREDIT – From Refundable School Readiness Credit Worksheet, Line 4		15	0
	5   0   4   0   3   0   2   0			
16	EARNED INCOME CREDIT – From Louisiana Earned Income Credit (LA EIC) Worksheet, Line 3		16	0
17	LOUISIANA CITIZENS INSURANCE CREDIT      17A	0	17	0
18	OTHER REFUNDABLE PRIORITY 2 CREDITS – From Schedule F, Line 10		18	0
19	TOTAL REFUNDABLE PRIORITY 2 CREDITS – Add Lines 14 and 15 through 18. Do not include amounts on Lines 14A, 14B, and 17A.		19	0
20	TAX LIABILITY AFTER REFUNDABLE PRIORITY 2 CREDITS		20	935
21	OVERPAYMENT AFTER REFUNDABLE PRIORITY 2 CREDITS		21	0
22	NONREFUNDABLE PRIORITY 3 CREDITS – From Schedule J, Line 16		22	0



23	ADJUSTED LOUISIANA INCOME TAX – Subtract Line 22 from Line 20. If the result is less than zero, enter zero "0".	23	935
24	CONSUMER USE TAX <input checked="" type="checkbox"/> No use tax due.		
	Amount from the Consumer Use Tax Worksheet.	24	0
25	TOTAL INCOME TAX AND CONSUMER USE TAX – Add Lines 23 and 24.	25	935
26	OVERPAYMENT AFTER REFUNDABLE PRIORITY 2 CREDITS – Enter the amount from Line 21.	26	0
27	REFUNDABLE PRIORITY 4 CREDITS – From Schedule I, Line 6	27	0

**PAYMENTS**

28	AMOUNT OF LOUISIANA TAX WITHHELD FOR 2017 – Attach Forms W-2 and 1099.	28	893
29	AMOUNT OF CREDIT CARRIED FORWARD FROM 2016	29	0
30	AMOUNT OF ESTIMATED PAYMENTS MADE FOR 2017	30	0
31	AMOUNT PAID WITH EXTENSION REQUEST	31	0
32	TOTAL REFUNDABLE TAX CREDITS AND PAYMENTS – Add Lines 26 through 31.	32	893
33	OVERPAYMENT – If Line 32 is greater than Line 25, subtract Line 25 from Line 32. Otherwise, enter zero "0" on Lines 33 through 39 and go to Line 40.	33	0
34	UNDERPAYMENT PENALTY – If you are a farmer, mark the box.	34	0
35	<b>ADJUSTED OVERPAYMENT</b> – If Line 33 is greater than Line 34, subtract Line 34 from Line 33 and enter the result here. If Line 34 is greater than Line 33, enter zero "0" on Lines 35 through 39, subtract Line 33 from Line 34, and enter the balance on Line 40.	35	0
36	TOTAL DONATIONS – From Schedule D, Line 24	36	0

**REFUND DUE**

37	SUBTOTAL – Subtract Line 36 from Line 35. This amount of overpayment is available for credit or refund.	37	0
38	AMOUNT OF LINE 37 TO BE CREDITED TO 2018 INCOME TAX <b>CREDIT</b>	38	0
39	AMOUNT TO BE REFUNDED – Subtract Line 38 from Line 37. 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.	39	0

**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.**

**DIRECT DEPOSIT INFORMATION**

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 317557310

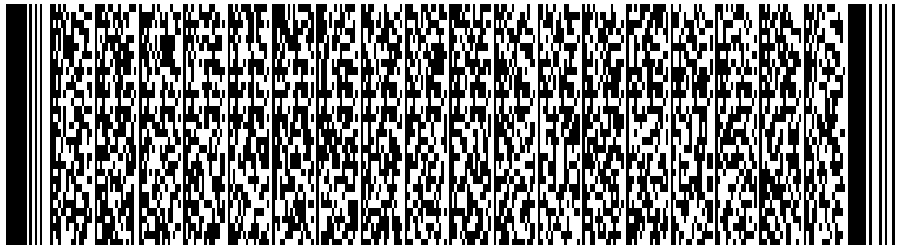
**AMOUNTS DUE LOUISIANA**

40	AMOUNT YOU OWE – If Line 25 is greater than Line 32, subtract Line 32 from Line 25.	40	42
41	ADDITIONAL DONATION TO THE MILITARY FAMILY ASSISTANCE FUND	41	0
42	ADDITIONAL DONATION TO THE COASTAL PROTECTION AND RESTORATION FUND	42	0
43	ADDITIONAL DONATION TO LOUISIANA FOOD BANK ASSOCIATION	43	0
44	INTEREST	44	0
45	DELINQUENT FILING PENALTY	45	0
46	DELINQUENT PAYMENT PENALTY	46	0
47	UNDERPAYMENT PENALTY – If you are a farmer, mark the box.	47	0
48	<b>BALANCE DUE LOUISIANA</b> – Add Lines 40 through 47.	48	42

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

**IMPORTANT!**

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**Do not staple.**



Status 001

Contribution and Donation 0000

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 39.

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 APPANA RUPA VENKATA SATY		Preparer's Signature APPANA RUPA VENKATA SATY		Date (mm/dd/yyyy) 06/12/2018	Check <input type="checkbox"/> if Self-employed
	Firm's Name ▶ GLOBAL TAXES LLC		Firm's EIN ▶ 30-101719			
	Firm's Address ▶ 2530 PEBBLE CR CUMMING GA 30041		Telephone ▶ 646-727-7157			

Name **GAJJ**      **Individual Income Tax Return**  
**Calendar year return due 5/15/2018**      P02090332

Mail to: Department of Revenue      SSN, PTIN, or FEIN  
 PO BOX 3550      of paid preparer  
 BATON ROUGE LA 70821-3550



Louisiana Information Worksheet

2017

Keep for your records

Part I – Personal Information

Taxpayer:

First Name . . . . . PRAVEEN KUMAR
Middle Initial . . . . . Suffix . . . . .
Last Name . . . . . GAJJALA
Social Security No. 317-55-7310
Occupation . . . . . ORACLE DATABASE ADMINISTR
Taxpayer 65/Over. [ ] Taxpayer Blind . . . . . [ ]
Date of Death . . . . .
Work Phone . . . . . (510) 579-1009 [ ]
Date of Birth . . . . . 10/12/1991

Spouse :

First Name . . . . .
Middle Initial . . . . . Suffix . . . . .
Last Name . . . . .
Social Security No. . . . .
Occupation . . . . .
Spouse 65/Over . . [ ] Spouse Blind . . . . . [ ]
Date of Death . . . . .
Work Phone . . . . . [ ]
Date of Birth . . . . .

c/o Name . . . . .
Mailing Address . . . 15719 FAIR HILLWAY APPLEVALLEY Apt No. . .
City . . . . . SAINT PAUL State . . . . . MN ZIP Code . . . 55124
Home phone . . . . . [ ]

Dependents:

Table with columns: First Last, Initial Relationship, SSN Date of Birth, Child Care Credit, Disabled, Hunter/Fisher License. Includes three rows for dependents.

Part II – Main Form

[X] Form 540: Resident Tax Return . . . . .
[ ] Form 540B: Part-year or Nonresident Tax Return . . . . .
Part-year residents who choose to file a nonresident return or Nonresident must complete the Part-Year/Nonresident Worksheet

Part III – Filing Status Information

[X] Single
[ ] Married filing joint
[ ] Married filing separate
[ ] Head of household
[ ] Qualifying widow(er)
Qualifying child's name . . . . .
Louisiana Filing Status . . . . . 1

Part IV – Nonrefundable Credits

Credit for certain disabilities:

Deaf Loss of Limb Mentally Incapacitated Blind
[ ] [ ] [ ] [ ]
Yourself
Spouse
Dependents name(s)
Caution: Number of disability credits for dependents is based on number of dependents entered here.

[ ] Is this the first time claiming a disability for any of the above?

Credit for contributions to educational institutions

Enter the value of computer equipment donated . . . . .

Part V – Other Information

- First time filer
- Has the name of the taxpayer(s) changed since 2016
- Has the address of the taxpayer(s) changed since 2016

Yes No

Do you qualify as a farmer or fisherman?

Filing for a refund of Louisiana income tax withheld when no federal return is required:

You are not required to file a federal return but had Louisiana income tax withheld in 2017

If checked, total wages from which Louisiana tax was withheld. . . . . \_\_\_\_\_

Consumer use tax: Enter total taxable out-of-state purchases

\_\_\_\_\_ 0. x .09 = \_\_\_\_\_ 0.

START contributions refunded to you by the LA Office of Student Financial Aid . . . . . ▶ \_\_\_\_\_

Last year's tax refund to be entered on START Deduction Wks, Col A . . . . ▶ \_\_\_\_\_

Military personnel filing a Louisiana resident return:

Check each true statement: In 2017

Taxpayer Spouse

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Louisiana is my home of record  |
| <input type="checkbox"/> | <input type="checkbox"/> | I am active duty military   |
| <input type="checkbox"/> | <input type="checkbox"/> | I have military orders (a copy must be attached), AND   |
| <input type="checkbox"/> | <input type="checkbox"/> | I did or will serve outside of Louisiana for 120 days or more   |
| _____                    | _____                    | Enter the 2017 exempt portion of wages earned outside of Louisiana during and after 120 plus consecutive days of active duty military service |

Nonresident military members stationed in Louisiana:

The program uses the following information to comply with the federal H.R. 100, Servicemembers Civil Relief Act. This act prohibits states from taxing the military wages of nonresident military members stationed in their state. Note: If you are not filing a resident return, and need to exclude these wages from your taxable income, please use the Part Year/Nonresident Allocation Worksheet.

Taxpayer Spouse

I am a nonresident member of the military stationed in Louisiana  
Enter the total of all excludable military wages

- Do you want Louisiana to figure the underpayment penalty Form R-210R?
- Do you want Louisiana to calculate your Louisiana Penalty Worksheet

Yes No

Would you like to use the Underpayment Statement to calc the penalty?

QuickZoom to Form R-210R, Underpayment Penalty . . . . . ▶ \_\_\_\_\_

Quickzoom to Underpayment Statement. . . . . ▶ \_\_\_\_\_

Quickzoom to Louisiana Penalty Worksheet. . . . . ▶ \_\_\_\_\_

Part VI – Preparer Information

Enter the preparer's assigned number from Preparer's Information Worksheet . . . . . 1

Part VII – Electronic Filing Information

New! State e-file disclosure consent:

By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's tax return to the Louisiana Department of Revenue, as applicable by law.

The state return will be filed electronically



**Electronic PDF Attachments**

PDF's that you have selected to attach to your state e-file return are listed below.

Description	Filename

Date return was filed electronically . . . . . ▶ \_\_\_\_\_  
 Date return was accepted by the state . . . . . ▶ \_\_\_\_\_  
 Enter the date Form R-540V was given to client . . . . . ▶ \_\_\_\_\_  
**QuickZoom** to Form LA 8453 Additional Information SmartWorksheet . . . . . ▶ \_\_\_\_\_

**Part VIII - Direct Deposit Information or Electronic Funds Withdrawal Information**

Yes No  
  Do you want to elect direct deposit of state tax refund? **NOTE: Not available for first time filers**  
  Do you want electronic funds withdrawal of state tax payment (EF Only)?

If you selected direct deposit or electronic funds withdrawal, fill out the information below:  
 Name of Financial Institution (optional) . . . . . ▶ JP Morgan Chase  
 Check the appropriate box:  
 Checking Routing number . . . . . ▶ 065400137  
 Savings Account number . . . . . ▶ 827750550  
 Enter the payment date to withdraw from the account above . . . . . ▶ \_\_\_\_\_  
 State balance-due amount from this return . . . . . ▶ \_\_\_\_\_  
 Enter an amount to withdraw from the account above . . . . . ▶ \_\_\_\_\_  
 If partial payment is made, the remaining balance due . . . . . ▶ \_\_\_\_\_

**International ACH Transactions**

Yes No  
  Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

**Part IX - Authenticate Your Return for the On-Line Filing Program**

By using a computer system and software to prepare and transmit return(s) electronically, I consent to the disclosure of all information pertaining to my use of the system and software to the Louisiana Department of Revenue, as applicable by law, and to the transmission of my tax return(s).

I am signing this Consent to Disclosure by entering my date of birth below.  
 Taxpayer's date of birth . . . . . ▶ \_\_\_\_\_  
 Today's Date . . . . . ▶ \_\_\_\_\_  
 If you're filing a joint return:  
 Spouse's date of birth . . . . . ▶ \_\_\_\_\_

**Part X - Extension Status**

If the Louisiana tax return can't be filed by May 15, 2018, a state extension is required to be filed on or before the filing date. Copies of the federal extension (Form 4868) will **not** be accepted.

Yes No

Did you file an extension before May 15, 2018 ?

**Caution:** An extension of time to file is **not** an extension of time to pay.

Extended due date . . . . . \_\_\_\_\_

**QuickZoom** to Form R-2868V, Extension Request and Payment Voucher. . . . . ▶ \_\_\_\_\_

File extension electronically?

**Electronic funds withdrawal amount due with extension information (Electronic Filing Only)**

Yes No

Use electronic funds withdrawal of Louisiana extension tax payment?

Enter settlement date to withdraw the extension amount from the account above . . . . . \_\_\_\_\_

State balance-due amount paid with this extension (Form R-2868V). . . . . \_\_\_\_\_

Filing and acceptance information (*Electronic Filing Only*):

Extension accepted?

Extension filing date . . . . . \_\_\_\_\_

Extension acceptance date . . . . . \_\_\_\_\_

**Part XI – Amended Return**

Are you filing a Louisiana amended return (See Tax Help)

Are you amending a Louisiana return due to a Net Operating Loss (NOL) carryback? (See Tax Help)

The last day of the tax year you are amending is . . . . . ▶ \_\_\_\_\_

Overpayment calculated with original return . . . . . \_\_\_\_\_

Additional Tax paid with original return . . . . . \_\_\_\_\_

**QuickZoom** to Explanation of Changes Worksheet. . . . . ▶ \_\_\_\_\_

**Note:** If amending, you must fill out the Explanation if Changes Worksheet.

# Louisiana Nonrefundable Child Care Credit Worksheet

**2017**

▶ Keep for your records

Name as Shown on Return <b>PRAVEEN KUMAR GAJJALA</b>	Your Social Security Number <b>317-55-7310</b>
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<b>1</b> Federal Child Care Credit claimed (from federal Form 1040, line 49 or Form 1040A, line 31). . . . .	
<b>1a</b> Federal Adjusted Gross Income (AGI) from federal Form 1040A, line 21; or federal Form 1040, line 37 . . . . .	35010
<b>Federal Adjusted Gross Income Percentage Nonrefundable Credit Allowable</b>	
Over \$25,000 up to \$35,000 . . . . . 30% Lesser of 30% or LA net tax	
Over \$35,000 up to \$60,000 . . . . . 10% Lesser of 10% or LA net tax	<b>X . 0.10</b>
Over \$60,000 . . . . . 10% Lesser of 10% or tax or \$25	
<b>2</b> Available Nonrefundable Child Care Credit. Multiply Federal Child Care Credit shown on Line 1 by the percentage shown on Line 1A. . . . .	
<b>2a Important!</b> If AGI is more than \$60,000, the credit is limited to the LESSER of \$25 or 10% of the federal credit. If line 2 is greater than \$25, print \$25 here. This is your available Nonrefundable Child Care Credit for this year. . . . .	0
<b>3</b> Line 20 from Form IT-540 or Line 20 from IT-540B. . . . .	935
<b>4</b> If Line 3 is less than or equal to zero, your entire Child Care Credit of 2017 will be carried forward to 2018. "0" will be transferred to Form IT-540, Schedule J, lines 2 and 3, or to IT-540B, Schedule J-NR, lines 2 and 3. <b>Do not complete the rest of this worksheet.</b>	

<b>5</b> From Line 3, if greater than zero. . . . .	935.
<b>6</b> Enter the amount of any Child Care Credit Carryforward from previous years . . . . .	0
<b>7</b> Line 5 minus Line 6 . . . . .	935.
<b>8</b> If Line 7 is less than or equal to zero, your Child Care Credit Carryforward is equal to Line 5. Line 6 minus Line 5 is printed here: the amount of previous unused Child Care Credit Carryforward that can be carried forward to next year, along with the entire credit for this year. Line 5 will transfer to Form IT-540, Schedule J, Line 3, or to IT-540B, Schedule J-NR, Line 3. <b>Do not complete the rest of this worksheet.</b> . . .	

<b>9</b> If Line 7 is greater than zero, Line 6 will be transferred to Form IT-540, Schedule J, line 3, or to IT-540B, Schedule J-NR line 3	
<b>10</b> From Line 7 above (if greater than 0). . . . .	935.
<b>11</b> 2017 Child Care Credit (from Line 2 or Line 2A, above). . . . .	
<b>12</b> Line 10 minus Line 11. . . . .	935.
<b>13</b> If Line 12 is greater than zero, your entire Child Care Credit for 2017 has been utilized. Line 11 will be transferred to Form IT-540, Schedule J, Line 2. <b>Do not complete the rest of this worksheet.</b>	
<b>14</b> If Line 12 is less than zero, the amount of your 2017 Child Care Credit is the amount shown on Line 10. This amount will be transferred to Form IT-540, Schedule J, Line 2, or to IT-540B, Schedule J-NR, Line 2.	
<b>15</b> If Line 12 is less than zero, Line 11 minus Line 10 is your Child Care Credit Carryforward to 2018. Keep this for your records. . . . .	0

# Tax Payments Worksheet

**2017**

► Keep for your records

Name <u>PRAVEEN KUMAR GAJJALA</u>	Social Security Number <u>317-55-7310</u>
--------------------------------------	--

## Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment . . . . .		
2	Second Payment . . . . .		
3	Third Payment . . . . .		
4	Fourth Payment . . . . .		
<b>Additional Payments</b>			
5	Payment . . . . .		
	Payment . . . . .		
	Payment . . . . .		
	Payment . . . . .		
	Payment . . . . .		
6	Overpayment from previous year applied to current year . . . . .	6	
7	Amount paid with current year extension . . . . .	7	
8	<b>Total tax payments</b> . . . . .	8	

## Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2 . . . . .	9	893.
10	State withholding on Forms W-2G . . . . .	10	
11	State withholding on Forms 1099-R . . . . .	11	
12 a	State withholding on Forms 1099-MISC . . . . .	12 a	
b	State withholding on Forms 1099-G . . . . .	b	
c	State withholding on Forms 1099-K . . . . .	c	
13	Other state tax withholding . . . . .	13	
14	<b>Total income tax withheld</b> . . . . .	14	893.
15	Date return will be filed and balance paid . . . . .	15	

## Smart Worksheets from your 2017 Louisiana Tax Return

SMART WORKSHEET FOR: Form 8453: Declaration for Electronic Filing

<b>Additional Information Smart Worksheet</b>	
<b>A</b>	Date this return was E-Filed . . . . . ▶ _____
<b>B</b>	Date return was accepted by the state . . . . . ▶ _____
<b>C</b>	Documents to attach to the FRONT of Form LA 8453: Form W-2 (Copy 2) _____ _____ _____
Retain the completed Form LA 8453 with your ERO records for three years. <b>Do Not Mail</b>	

SMART WORKSHEET FOR: Child Care Credit Wks -- Nonrefundable

<b>Child Care Credit Carryforward Smart Worksheet</b>			
<b>(a)</b> Year of Carryforward	<b>(b)</b> Unused amount available	<b>(c)</b> Amount used this year	<b>(d)</b> Carryforward next year
2013		0.	0.
2014		0.	0.
2015		0.	0.
2016		0.	0.
2017		0.	0.
<b>Total</b> . . . . .			0.