Name
Change

## Decedent

 FilingSpouse Decedent

Address Change

Amended Return

NOL

IT-540B WEB 2022 LOUISIANA NONRESIDENT (Page 1 of 4) AND PART-YEAR RESIDENT order as shown on your federal return.


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

6 EXEMPTIONS:
6A

| $\mathbf{X}$ <br> Yourself |  |
| :---: | :---: |
| $\square$ | Spouse |



Total of $6 A \& 6 B$

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 Federal Form 1040 or 1040-SR in the boxes here.

| First Name | 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.


No use tax due
CONSUMER USE TAX

TOTAL INCOME TAX AND CONSUMER USE TAX - Add Lines 22 and 23.

OVERPAYMENT OF REFUNDABLE PRIORITY 2 CREDITS - Enter the amount from Line 20.

REFUNDABLE PRIORITY 4 CREDITS - From Schedule I-NR, Line 6

AMOUNT OF LOUISIANA TAX WITHHELD FOR 2022 - Attach Forms W-2 and 1099.

AMOUNT OF CREDIT CARRIED FORWARD FROM 2021

AMOUNT PAID ON YOUR BEHALF BY A COMPOSITE PARTNERSHIP FILING Enter name of partnership.

Amount from the Consumer Use Tax Worksheet

21 $\square$


| TOTAL REFUNDABLE TAX CREDITS AND PAYMENTS - Add Lines 25 through 31. | $\mathbf{3 2}$ |
| :--- | :--- |
| $\begin{array}{l}\text { OVERPAYMENT - If Line } 32 \text { is greater than Line 24, subtract Line } 24 \text { from Line } 32 . \text { Your overpayment may be } \\ \text { reduced by Underpayment of Estimated Tax Penalty. Otherwise, go to Line } 40 .\end{array}$ | $\mathbf{3 3}$ |


| TOTAL REFUNDABLE TAX CREDITS AND PAYMENTS - Add Lines 25 through 31. | $\mathbf{3 2}$ |
| :--- | :--- |
| $\begin{array}{l}\text { OVERPAYMENT - If Line } 32 \text { is greater than Line 24, subtract Line } 24 \text { from Line } 32 . \text { Your overpayment may be } \\ \text { reduced by Underpayment of Estimated Tax Penalty. Otherwise, go to Line } 40 .\end{array}$ | $\mathbf{3 3}$ |

UNDERPAYMENT PENALTY - See the instructions for Underpayment Penalty and Form R-210NR. If you are a farmer, check the box.

ADJUSTED OVERPAYMENT - If Line 33 is greater than Line 34, subtract Line 34 from Line 33, and enter on 35 Line 35. If Line 34 is greater than Line 33, subtract Line 33 from Line 34, and enter the balance on Line 40.

TOTAL DONATIONS - From Schedule D-NR, Line 22

## AMOUNT OF LINE 37 TO BE CREDITED TO 2023 INCOME TAX <br> CREDIT

AMOUNT TO BE REFUNDED - Subtract Line 38 from Line 37. If mailing to LDR, use Address 2 on the next page.

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. Complete information below. If information is unreadable, you are filing for the first time, or if you do not make a refund selection, you will receive your refund by paper check.

REFUND


TOTAL DONATIONS From Schedul D-NR, Line

## DIRECT DEPOSIT INFORMATION

| Type: | Checking | Savings |
| :---: | :---: | :---: |
| Routing Number |  |  | institution located outside the United States?

Account

## Number



## 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.

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 a 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 .


| PAID <br> PREPARER <br> USE ONLY | Print/Type Preparer's Name | Preparer's Signature | Date (mm/dd/yyyy) | Check $\square$ if Self-employed |
| :--- | :--- | :--- | :--- | :--- |
|  | Firm's Name $>$ |  | Firm's FEIN $>$ |  |

Enter the first 4 letters of your last name in these boxes.


Individual Income Tax Return Calendar year return due 5/15/2023

## Mail Balance Due Return with Payment

TO: Department of Revenue
P. O. Box 3550

Baton Rouge, LA 70821-3550
Mail All Other Individual Income Tax Returns
TO: Department of Revenue
P. O. Box 3440

Baton Rouge, LA 70821-3440


PTIN, FEIN, or LDR Account Number of Paid Preparer

## DO NOT SEND CASH.

## 2022 Nonresident and Part-Year Resident (NPR) Worksheet

| $\mid l e e ~ i n s t r u c t i o n s ~ f o r ~ c o m p l e t i n g ~ t h e ~ N P R ~ w o r k s h e e t . ~$ | 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 - Enter the amount of Louisiana NOL utilized_ |  |  |
| 10 | Total Income - Add the income amounts on Lines 1-9 for each column. |  |  |
| 11 | Total Adjustments to Income |  |  |
| 12 | Adjusted Gross Income - Subtract Line 11 from Line 10 for each column. Enter the amount <br> in the Federal column on Form IT-540B, Line 7. The amount shown in the Federal column <br> should agree with Federal Form 1040 or 1040-SR, Line 11. |  |  |
| 13 | Interest and dividend income from other states and their political subdivisions |  |  |
| 14 | Recapture of START contributions |  |  |
| 15 | Recapture of START K12 contributions |  |  |
| 16 | Add back of pass-through entity loss |  |  |
| 17 | Total - Add Lines 12 through 16. |  |  |

EXEMPT INCOME - Enter on Lines 18A through 18F the amount of any exempt income included on Line 12 in the Louisiana column. Enter the description and associated code, along with the dollar amount. See the instructions.

|  | Exempt Income Description |  | Code | Amount |
| :---: | :---: | :---: | :---: | :---: |
|  | 18A |  | E |  |
|  | 18B |  | E |  |
|  | 18C |  | E |  |
|  | 18D |  | E |  |
|  | 18E |  | E |  |
|  | 18F |  | E |  |
|  | 19 | Total Exempt Income - Add Lines 18A through 18F. |  |  |
|  | 20 | LOUISIANA ADJUSTED GROSS INCOME. Subtract Line 19 from Line 17. Also, enter this amount on Form IT-540B, Line 8. |  |  |



## ATTACH TO RETURN IF COMPLETED.

## 2022 Louisiana School Expense Deduction Worksheet

## Your Name

Your Social Security Number
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. Expenses paid with amounts deducted as START K12 Savings Program Contributions are not eligible for this deduction.

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 | $\|c\|$ | Deduction as described <br> above in Section I |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| A |  |  | 1 | 2 |
| 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 $\mathbf{\$ 5 , 0 0 0}$.

| 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 (add amounts in each column) |  |  |  |  |  |  |
| If column 2 or 3 in Section II was checked, multiply by: | 50\% | 50\% | 50\% | 50\% | 50\% | 50\% |
| Deduction per Student - 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 Elementary and Secondary School Tuition Deduction here and on the NPR Worksheet, code 17E. | $\$$ | $\$$ |
| :--- | :--- | :--- |
| Enter the total Educational Expenses for Home-Schooled Children Deduction here and on the NPR Worksheet, code 18E. | $\$$ |  |
| Enter the total Educational Expenses for a Quality Public Education Deduction here and on the NPR Worksheet, code 19E. | $\$ 8$ |  |

SCHEDULE C-NR - 2022 NONREFUNDABLE PRIORITY 1 CREDITS
Enter credit description and associated code, along with the dollar amount of credit claimed. See the instructions



TOTAL NONREFUNDABLE PRIORITY 1 CREDITS - Add Lines 1 through 4. Also, enter this amount on Form IT-540B, Line 13.

## Amount of Credit Claimed

1

2

3

4

5

| Description | Code | Description | Code | Description | Code |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Premium Tax | 100 | Qualified Playgrounds | 150 | Other | 199 |
| Bone Marrow | 120 | Debt Issuance | 155 |  |  |

## SCHEDULE D-NR - 2022 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 35 of Form IT-540B to the organizations or funds listed below. Enter on Lines 2 through 21, the portion of the overpayment you wish to donate. The total on Line 22 cannot exceed the amount of your overpayment on Line 35 of Form IT-540B.

1 Adjusted Overpayment- From IT-540B, Line 35



## SCHEDULE F-NR - 2022 REFUNDABLE PRIORITY 2 CREDITS

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


## Transferable, Refundable Priority 2 Credits

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

## Credit Description

6. Musical and Theatrical Production

6 A. $\square$
7. Musical and Theatrical Production

7A.

8. Musical and Theatrical Production

8 A.

9. OTHER REFUNDABLE PRIORITY 2 CREDITS - Add Lines 1 through 8 . Also, enter this amount on Form IT-540B, Line 17.

## Credit Code

62 F

62 F

62 F
8

$9 \square \square \square 00$

| Description | Code |
| :--- | :---: |
| School Readiness Business - <br> Supported Child Care | 67 F |
| School Readiness Fees and Grants to <br> Resource and Referral Agencies | 68 F |
| Retention and Modernization | 70 F |
| Digital Interactive Media \& Software | 73 F |


| Description | Code |
| :--- | :---: |
| Stillborn Child | 76 F |
| Funeral and Burial Expense for a <br> Pregnancy-Related Death | 77 F |
| Other Refundable Credit | 80 F |

SCHEDULE I-NR - 2022 REFUNDABLE PRIORITY 4 CREDITS
Enter credit description and associated code, along with the dollar amount of credit claimed. See the instructions


TOTAL REFUNDABLE PRIORITY 4 CREDITS - Add Lines 1 through 5. Also, enter this amount on Form IT-540B, Line 26.


6

## Amount of Credit Claimed



| Description | Code |
| :--- | :---: |
| Inventory Tax | 50 F |
| Ad Valorem Natural Gas | 51 F |

## SCHEDULE J-NR - 2022 NONREFUNDABLE PRIORITY 3 CREDITS

## Nonrefundable Child Care Credits

FEDERAL CHILD CARE CREDIT - Enter the amount from your Federal Form 1040 or 1040-SR, Schedule 3, Line 2. This amount will be used to compute your 2022 Louisiana Nonrefundable Child Care Credit.
2022 LOUISIANA NONREFUNDABLE CHILD CARE CREDIT - Your Federal Adjusted Gross Income must be GREATER THAN $\$ \mathbf{2 5 , 0 0 0}$ in order to claim a credit on this line. See the Nonrefundable Child Care Credit Worksheet. AMOUNT OF LOUISIANA NONREFUNDABLE CHILD CARE CREDIT CARRIED FORWARD FROM 2017 THROUGH 2021 - See the Nonrefundable Child Care Credit Worksheet.
2022 LOUISIANA NONREFUNDABLE SCHOOL READINESS CREDIT - Your Federal Adjusted Gross Income must be GREATER THAN $\$ 25,000$ in order to claim a credit on this line. See the Nonrefundable School Readiness Credit Worksheet.
5
4
3
2
5 AMOUNT OF LOUISIANA NONREFUNDABLE SCHOOL READINESS CREDIT CARRIED FORWARD FROM 2017 THROUGH 2021 - See the Nonrefundable School Readiness Credit Worksheet.

4


## Additional Nonrefundable Priority 3 Credits

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

|  | Credit Description |
| :---: | :---: |
| 6 |  |
| 7 |  |
| 8 |  |
| 9 |  |
| 10 |  |
| 11 |  |

Credit Code


Amount of Credit Claimed

6

7

8

9

10

11


IMPORTANT! Only these codes can be claimed on Lines 6 through 11.

| Description | Code |
| :--- | :---: |
| Organ Donation | 202 |
| Previously Unemployed | 208 |
| Owner of Accessible and Barrier-free <br> Home | 221 |
| New Jobs Credit | 224 |
| Eligible Re-entrants | 228 |
| Apprenticeship (2007) | 236 |
| Biomed/University Research | 300 |
| Tax Equalization | 305 |


| Description | Code |
| :--- | :---: |
| Manufacturing Establishments | 310 |
| Other | 399 |
| Refunds by Utilities | 412 |
| Donation to School Tuition <br> Organization | 424 |
| QMC Music Job Creation Credit | 454 |
| Neighborhood Assistance | 457 |
| Research and Development | 458 |


| Description | Code |
| :--- | :---: |
| Ports of Louisiana Import Export <br> Cargo | 459 |
| LA Import | 460 |
| LA Work Opportunity | 461 |
| Youth Jobs | 462 |
| Apprenticeship (2022) | 463 |
| Donation to Qualified Foster Care <br> Charitable Organization | 464 |
| Inventory Tax Credit Carried Forward <br> and ITEP | 500 |


| Description | Code |
| :--- | :---: |
| Ad Valorem Natural Gas Credit <br> Carried Forward | 502 |
| Atchafalaya Trace | 504 |
| Cane River Heritage | 506 |
| Ports of Louisiana Investor | 508 |
| Enterprise Zone | 510 |
| Recycling Credit | 550 |
| Other | 599 |

CONTINUE ON NEXT PAGE.

## SCHEDULE J-NR - 2022 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. See the instructions


IMPORTANT! Only these codes can be claimed on Lines 12 through 15.

| Description | Code |
| :--- | :---: |
| Motion Picture Investment | 251 |
| Research and Development | 252 |
| Historic Structures | 253 |


| Description | Code |
| :--- | :---: |
| Digital Interactive Media | 254 |
| Capital Company | 257 |
| LCDFI | 258 |


| Description | Code |
| :--- | :---: |
| New Markets | 259 |
| Motion Picture Infrastructure | 261 |
| Angel Investor | 262 |

## ATTACH THIS WORKSHEET TO YOUR RETURN IF COMPLETED.

2022 Louisiana Refundable Child Care Credit Worksheet (For use with Form IT-540B)

| Your Name | Social Security Number |
| :--- | :--- |

Your Federal Adjusted Gross Income must be $\$ \mathbf{2 5 , 0 0 0}$ or less and your child care expenses must have been incurred in Louisiana in order to complete this form. See the instructions

1. Care Provider Information Schedule - Complete columns A through E for each person or organization that provided the care to your child. You may use Federal Form W-10, supplied by your provider, to obtain the information. If your care provider does not provide a Federal Form W-10, complete those parts of the Care Provider Information Schedule for which you have the information. If your child attended a child care facility that participated in the Quality Start program, you must enter the facility license number from Form R-10614 in column D. You must follow the same rules of "Due Diligence" as the IRS requires if you do not have all of the care provider information. See IRS 2022 Publication 503 for information on "Due Diligence." Retain copies of canceled checks, receipts and other documentation in order to support the amount of qualifying expenses. If additional lines are required for Lines 1 or 2, attach a schedule. Falsification of any information provided on this form constitutes fraud and can result in criminal penalties. The Child Care Credit may only be taken for child care expenses incurred in Louisiana during the time a person was a Louisiana resident.

| A | B | C | D | E |
| :---: | :---: | :---: | :---: | :---: |
| Care provider's name | Address (number, street, apartment <br> number, city, state, and ZIP) | Identifying number <br> (SSN or EIN) | Facility license <br> number | Amount paid <br> (See instructions.) |
|  |  |  |  | .00 |
|  |  |  |  | .00 |
|  |  |  |  | .00 |
|  |  |  |  | .00 |
|  |  |  | .00 |  |

2. For each child under age 13 , enter their name in column F, their Social Security Number in column $G$, and the amount of Qualified Expenses you incurred and paid in 2022 in column H . See the definitions in the instructions for information on Qualified Expenses.


## ATTACH THIS WORKSHEET TO YOUR RETURN IF COMPLETED.

2022 Louisiana Refundable School Readiness Credit Worksheet (For use with Form IT-540B)

| Your Name | Social Security Number |
| :--- | :--- |

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. A copy of Form R-10614 must be attached to your return. You must enter the facility license number in column D on Line 1 of the 2022 Louisiana Refundable Child Care Credit Worksheet to receive this credit. Retain copies of canceled checks, receipts and other documentation in order to support the amount of qualifying expenses.

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

1. Enter the amount of 2022 Louisiana Refundable Child Care Credit found on the Louisiana Refundable Child Care Credit Worksheet, Line 11. . 1

Using the Quality Star Rating of the child care facility that your qualified dependent attended during 2022, 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:

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

## ATTACH THIS WORKSHEET TO YOUR RETURN IF COMPLETED.

| Your Name | Social Security Number |
| :--- | :--- |

2022 Louisiana Nonrefundable Child Care Credit Worksheet (For use with Form IT-540B)
The Child Care Credit may only be taken for child care expenses incurred in Louisiana during the time a person was a Louisiana resident.

| 1 | Enter Federal Child Care Credit from Federal Form 1040 or 1040-SR, Schedule 3, Line 2. NOTE: Retain copies of canceled checks, receipts and other documentation in order to support the amount of qualifying expenses. | 1 |  | . 00 |
| :---: | :---: | :---: | :---: | :---: |
| 1A | Enter the applicable percentage from the chart shown below. | 1A | X |  |
| 2 | Multiply your Federal Child Care Credit shown on Line 1 by the percentage shown on Line 1A and enter the result. If your Federal Adjusted Gross Income is less than or equal to $\mathbf{\$ 6 0 , 0 0 0}$, this is your available Nonrefundable Child Care Credit for 2022. Proceed to Line 3. | 2 |  | . 00 |
| 2A | Important! If your Federal Adjusted Gross Income is greater than \$60,000, the amount on Line 2 is limited to the LESSER of $\$ 25.00$, or 10 percent of the federal credit. If Line 2 is greater than $\$ 25.00$, enter $\$ 25$ here. This is your available Nonrefundable Child Care Credit for 2022. | 2A |  | . 00 |
| 3 | Enter the amount of Louisiana income tax from Form IT-540B, Line 19. | 3 |  | . 00 |
| 4 | If Line 3 is equal to zero, your entire Child Care Credit for 2022 (Line 2 or 2A above) will be carried forward to 2023. Also, any available carryforward from 2017 through 2021 will be carried forward to 2023. If Line 3 above is equal to zero, enter zero "0" on Form IT-540B, Schedule J-NR, Lines 2 and 3. Stop here; you are finished with the worksheet. | 4 |  |  |
| Use Lines 5 through 8 to determine the amount of Nonrefundable Child Care Credit Carryforward from 2017 through 2021 utilized for 2022. |  |  |  |  |
| 5 | If Line 3 above is greater than zero, enter the amount from Line 3. | 5 |  | . 00 |
| 6 | Enter the amount of any Child Care Credit Carryforward from 2017 through 2021. | 6 |  | . 00 |
| 7 | Subtract Line 6 from Line 5. | 7 |  | . 00 |
| 8 | If Line 7 is less than or equal to zero, the amount of Child Care Credit Carryforward used for 2022 is equal to Line 5 above. Enter the amount from Line 5 above on Form IT-540B, Schedule J-NR, Line 3. If Line 7 is less than zero, subtract Line 5 from Line 6 and enter the result here. This amount is your unused Child Care Credit Carryforward from 2017 through 2021 that can be carried forward to 2023. Also, your entire Child Care Credit for 2022 (Line 2 or 2A above) will be carried forward to 2023. Stop here; you are finished with the worksheet. | 8 |  | . 00 |
| Use Lines 9 through 13 to determine the amount of Child Care Credit Carryforward utilized from 2017 through 2021 plus any amount of your 2022 Child Care Credit. |  |  |  |  |
| 9 | If Line 7 above is greater than zero, enter the amount of carryforward shown on Line 6 above on Form IT-540B, Schedule J-NR, Line 3. | 9 |  |  |
| 10 | If Line 7 above is greater than zero, enter the amount from Line 7. | 10 |  | . 00 |
| 11 | Enter the amount of your 2022 Child Care Credit (Line 2 or Line 2A above). | 11 |  | . 00 |
| 12 | Subtract Line 11 from Line 10. | 12 |  | . 00 |
| 13 | If Line 12 is greater than or equal to zero, your entire Child Care Credit for 2022 (Line 2 or 2A above) has been utilized. Enter the amount from Line 11 above on Form IT-540B, Schedule J-NR, Line 2. Stop here; you are finished with the worksheet. | 13 |  |  |
| Use Line 14 to determine what amount of your 2022 Child Care Credit you can claim. |  |  |  |  |
| 14 | If Line 12 above is less than zero, the amount on Line 10 above is the amount of your 2022 Child Care Credit. Enter the amount from Line 10 above on Form IT-540B, Schedule J-NR, Line 2. | 14 |  |  |
| Use Line 15 to determine the amount of your 2022 Child Care Credit to be carried forward to 2023. |  |  |  |  |
| 15 | If Line 12 above is less than zero, subtract Line 10 from Line 11 to compute your Child Care Carryforward to 2023. Enter the result here and keep this amount for your records. | 15 |  | . 00 |



## ATTACH THIS WORKSHEET TO YOUR RETURN IF COMPLETED.

|  | Name | Social Security Number |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 2022 Louisiana Nonrefundable School Readiness Credit Worksheet (For use with Form IT-540B) |  |  |  |  |  |
| See instructions. |  |  |  |  |  |
| 1 | Enter th Child | nd on the Louisiana Nonrefundable | 1 | 1 | . 00 | 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) |

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

Schedule J-NR, Lines 4 and 5 . Stop here; you are finished with the worksheet.
Use Lines 9 through 12 to determine the amount of Nonrefundable School Readiness Credit Carryforward from 2017 through 2021 utilized for 2022.

| $\mathbf{9}$ | If Line 7 above is greater than zero, enter the amount from Line 7. | $\mathbf{9}$ |  | .00 |
| :---: | :--- | :---: | :---: | :---: |
| $\mathbf{1 0}$ | Enter the amount of any School Readiness Credit Carryforward from 2017 through 2021. | $\mathbf{1 0}$ |  | .00 |
| $\mathbf{1 1}$ | Subtract Line 10 from Line 9. | $\mathbf{1 1}$ |  |  |
| $\mathbf{1 2}$ | If Line 11 is less than or equal to zero, the amount of School Readiness Credit Carryforward used for 2022 <br> is equal to Line 9. Enter the amount from Line 9 on Form IT-540B, Schedule J-NR, Line 5. If Line 11 is <br> less than zero, subtract Line 9 from Line 10 and enter the result here. This amount is your unused School <br> Readiness Credit Carryforward from 2017 through 2021 that can be carried forward to 2023. Also, your entire <br> School Readiness Credit for 2022 (Line 4) will be carried forward to 2023. Stop here; you are finished with <br> the worksheet. | $\mathbf{1 2}$ |  |  |

Use Lines 13 through 17 to determine the amount of School Readiness Credit Carryforward utilized from 2017 through 2021 plus any amount of your 2022 School Readiness Credit.
13 If Line 11 above is greater than zero, enter the amount of carryforward shown on Line 10 above on Form IT-540B, Schedule J-NR, Line 5.

| If Line 11 is greater than zero, enter the amount from Line 11. | $\mathbf{1 4}$ |  | .00 |
| :--- | :--- | :--- | :--- |
| Enter the amount of your 2022 School Readiness Credit (Line 4). | $\mathbf{1 5}$ |  | .00 |
| Subtract Line 15 from Line 14. | $\mathbf{1 6}$ | .00 |  |

If Line 16 is greater than or equal to zero, your entire School Readiness Credit for 2022 (Line 4) has been utilized. Enter the amount from Line 15 on Form IT-540B, Schedule J-NR, Line 4. Stop here; you are finished with the worksheet.

Use Line 18 to determine what amount of your 2022 School Readiness Credit you can claim.
If Line 16 is less than zero, the amount on Line 14 is the amount of your 2022 School Readiness Credit. Enter the amount from Line 14 above on Form IT-540B, Schedule J-NR, Line 4.

Use Line 19 to determine the amount of your 2022 School Readiness Credit to be carried forward to 2023.

## IF FILING SCHEDULES NRPA-1 AND NRPA-2, THE RETURN MUST BE FILED ELECTRONICALLY

## SCHEDULE NRPA-1 - 2022 NON-RESIDENT PROFESSIONAL ATHLETE

Mark the box to indicate your professional sports association or league:


Professional Golfers Association of America or PGA Tour, Inc.


National Football League


National Basketball Association


National Hockey League


Pacific Coast League (Minor Baseball League)

1 Total Louisiana Duty Days - See Instructions
1

2 Total Duty Days EVERYWHERE - See Instructions
2

Ratio of Louisiana Duty Days to Total Duty Days - Divide Line 1 by Line 2 and enter result here. Carry out to two decimal places in the percentage.

4 Total Compensation - See instructions

5 Louisiana Income - Multiply Line 4 by the ratio on Line 3. See instructions


SCHEDULE NRPA-2 - 2022 DUTY DAY DETAIL FOR PROFESSIONAL SPORTS ASSOCIATION OR LEAGUE

| Name of Professional <br> Sports Franchise | Total Duty Days | Number of Days in <br> Louisiana | Dates of Duty Days <br> From (MM/DD) | Dates of Duty Days To <br> (MM/DD) | Location of Sports <br> Facility at Which <br> Income was Earned |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| I. Sports Franchise with events in Louisiana |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| II. Sports Franchise with no events in Louisiana |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

