

State of Louisiana
Department of Revenue

Louisiana Composite Partnership Return

Partnership name, address and ZIP _____ _____ _____	Revenue account number _____ Taxable period beginning _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Month Day Year </div> Taxable period ended _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Month Day Year </div>
--	---

Summary of tax paid on behalf of partners	
1) Total distributive share for RESIDENT partners included with the Louisiana Composite Partnership Return	_____
2) Total Louisiana Composite Return tax paid on behalf of qualified RESIDENT partners	_____
3) Total distributive share for NONRESIDENT partners included with the Louisiana Composite Partnership Return	_____
4) Total Louisiana Composite Return tax paid on behalf of qualified NONRESIDENT partners	_____
5) Total tax paid (add Lines 2 and 4)	_____

Computation of amount due	
6) Tax due (Line 5 above)	_____
7) Interest – see instructions	_____
8) Penalty – see instructions	_____
9) Amount due (add Lines 6, 7 and 8 above)	_____
Make payment to: Louisiana Department of Revenue P.O Box 4998 Baton Rouge, LA 70821 – 4998	
Do not send cash.	

Under penalties of perjury, I declare that I have examined this return including all accompanying documents, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of paid preparer is based on all available information.		
_____ Signature	_____ Date	_____ Signature of paid preparer other than taxpayer
_____ Social Security Number, PTIN, or FEIN of paid preparer		

State of Louisiana
Department of Revenue

Louisiana Resident Composite Tax Return Schedule

Partnership name _____

Page ____ of ____

Revenue account number _____

Partner Number	Name and address of partner	Partner ID number	Distributable share

Total distributive share for resident partners included with the Louisiana Composite Return..... _____
Total LA Composite Return Tax paid on behalf of qualified resident partners included with the LA Composite Return..... _____

State of Louisiana
Department of Revenue

Louisiana Nonresident Composite Tax Return Schedule

Partnership name _____

Page ____ of ____

Revenue account number _____

Partner Number	Name and address of partner	Partner ID number	Distributable share	Non-resident partner agreement filed	Included in Composite Return

Total distributive share for nonresident partners included with the Louisiana Composite Return..... _____

Total LA Composite Return Tax paid on behalf of qualified nonresident partners included with the LA Composite Return..... _____