

2007 - QUESTIONS SPECIFIC FOR LOUISIANA

1. Are you / your spouse or a dependent disabled? **YES / NO** **IF YES**, please complete the following:
Name of disabled _____, which disability applies: Deaf __, Loss of Limb __, Blind __, Mentally Incapacitated __
(If claiming this credit for the first time, you must attach a physician's statement certifying the disability. Only one credit / person is allowed)
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2. In 2007, did you have any children who were in grades K – 12, whom you are claiming as dependents on your LA state return?
YES / NO **IF YES**, please list their first names, and grade level below: (This education credit is for \$25.00/dependent)

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3. Louisiana Consumer Use Tax: In 2007, did you / your spouse purchase goods for use in Louisiana from out-of-state vendors through catalogs, television, or the internet, that you did not pay Louisiana state sales tax on? **YES / NO**
IF YES, please enter the amount of taxable purchases: _____ *****If any of these products were alcohol or tobacco, and you were not properly charged LA excise taxes, you are also required to file and pay the tax directly to the Dept. of Rev. File a Consumer Excise Tax Return.**
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4. If you have an overpayment (Refund) on your Louisiana state return, would you like to donate all or part of it to one of the organizations listed below? **YES / NO** (Any donation will reduce your refund) **IF YES**, please fill in amounts:
Military Family Assistance Fund _____ Louisiana Animal Welfare Commission _____
Wildlife Habitat and Natural Heritage Trust Fund _____ Louisiana Housing Trust Fund _____
Louisiana Cancer Trust Fund – Prostate Cancer _____ Community Based Primary Health Care Fund _____
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5. Did you or your spouse contribute to a START Savings Program? **YES / NO** (include 2006 LA Refund Overpayment contributed to this program)
IF YES, Taxpayer Contribution in 2007 _____ Spouse Contribution in 2007 _____
6. If you have an overpayment (Refund) on your Louisiana return, would you like to contribute all or part of it to the **START Savings Program**? **YES / NO** **IF YES**, please fill in the amount: _____ (this can be deducted next year)
(If MFJ, either you or your spouse must be a registered account owner in the START program in order to contribute)
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7. If you / your spouse is retired, and feel your retirement income should be exempt from Louisiana state tax, please enter the name of The retirement system, and the date of retirement: Name of system: _____ Date: __ - __ - ____
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8. If you / your spouse are a Native American, living on a reservation or on land held in trust for the tribe, in the state of Louisiana and you feel you have income earned or received (from working on the reservation) that should be exempt from Louisiana state tax, please list the source of that income, and the amount of that income here: Source _____ Amount _____
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9. Were you / your spouse called out on Active Military duty? **YES / NO**
IF Yes, Date of Deployment: __ / __ / ____ **Place of Deployment:** _____
If deployment was outside of Louisiana and service was for 120 consecutive days or more, the compensation paid to you or your spouse during this time is exempt from LA state tax. Please fill in the amount of pay that qualifies as listed above: _____
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10. Is there any other information you think we should know, credits you feel you are eligible for, or any other questions you have?
YES / NO **IF YES**, what would you like to add? _____