

Mark Box: IT-540-WEB (Page 1 of 4)

Name
Change

2020 LOUISIANA RESIDENT

Decedent
Filing

Keith

Blackburn

Spouse
Decedent

Address
Change

Amended
Return

NOL
Carryback

IMPORTANT!

You must enter your SSN below in the same order as shown on your federal return.

Your
SSN

Spouse's
SSN

Area code and daytime telephone number

Your Date of Birth

Spouse's Date of Birth

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**.

3 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 ☒ Yourself

65 or
older

Blind

Qualifying
Widow(er)

Total of
6A & 6B **1**

6B ☐ 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 number of dependents claimed on Federal Form 1040 or 1040-SR in the boxes here.

6C **0 0**

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.**

6D TOTAL EXEMPTIONS – Total of 6A, 6B, and 6C

6D **0 1**

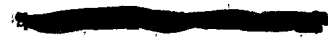



FOR OFFICE USE ONLY

Field
Flag

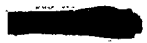
WEB

62130

Enter your Social Security Number. If you are not required to file a federal return, indicate wages here. Mark this box and enter zero "0" on Line 13. 

7	FEDERAL ADJUSTED GROSS INCOME – If your Federal Adjusted Gross Income is less than zero, enter "0."	From Louisiana Schedule E, attached	7	0
If you did not itemize your deductions on your federal return, leave Lines 8A, 8B, and 8C blank and go to Line 9.				
8A	FEDERAL ITEMIZED DEDUCTIONS		8A	
8B	FEDERAL STANDARD DEDUCTION		8B	
8C	EXCESS FEDERAL ITEMIZED DEDUCTIONS – Subtract Line 8B from Line 8A.		8C	
9	FEDERAL INCOME TAX – If your federal income tax has been decreased by a federal disaster credit allowed by the IRS, see Schedule H.		9	0
10	YOUR LOUISIANA TAX TABLE INCOME – Subtract Lines 8C and 9 from Line 7. If less than zero, enter "0." Use this figure to find your tax in the tax tables.		10	0
11	YOUR LOUISIANA INCOME TAX – Enter the amount from the tax table that corresponds with your filing status.		11	0
12	NONREFUNDABLE PRIORITY 1 CREDITS – From Schedule C, Line 6		12	0
13	TAX LIABILITY AFTER NONREFUNDABLE PRIORITY 1 CREDITS – Subtract Line 12 from Line 11. If the result is less than zero, or you are not required to file a federal return, enter zero "0."		13	0
14	2020 LOUISIANA REFUNDABLE CHILD CARE CREDIT – Your Federal Adjusted Gross Income must be EQUAL TO OR LESS THAN \$25,000 to claim the credit on this line. See the instructions and the Refundable Child Care Credit Worksheet.		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	2020 LOUISIANA REFUNDABLE SCHOOL READINESS CREDIT – Your Federal Adjusted Gross Income must be EQUAL TO OR LESS THAN \$25,000 to claim the credit on this line. See the Refundable School Readiness Credit Worksheet.		15	0
	5 4 3 2			
16	EARNED INCOME CREDIT – See Louisiana Earned Income Credit (LA EIC) Worksheet, Line 3.		16	0
17	OTHER REFUNDABLE PRIORITY 2 CREDITS – From Schedule F, Line 9		17	0
18	TOTAL REFUNDABLE PRIORITY 2 CREDITS – Add Lines 14, and 15 through 17. Do not include amounts on Lines 14A and 14B.		18	0
19	TAX LIABILITY AFTER REFUNDABLE PRIORITY 2 CREDITS		19	0
20	OVERPAYMENT AFTER REFUNDABLE PRIORITY 2 CREDITS		20	0
21	NONREFUNDABLE PRIORITY 3 CREDITS – From Schedule J, Line 16		21	0

CONTINUE ON NEXT PAGE.

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

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Enter your Social Security Number. [REDACTED]

22	ADJUSTED LOUISIANA INCOME TAX – Subtract Line 21 from Line 19.	22	0
23	CONSUMER USE TAX – You must mark one of these boxes. No use tax due. Amount from the Consumer Use Tax Worksheet.	23	0
24	TOTAL INCOME TAX AND CONSUMER USE TAX – Add Lines 22 and 23.	24	0
25	OVERPAYMENT OF REFUNDABLE PRIORITY 2 CREDITS – Enter the amount from Line 20.	25	0
26	REFUNDABLE PRIORITY 4 CREDITS – From Schedule I, Line 6	26	0
27	AMOUNT OF LOUISIANA TAX WITHHELD FOR 2020 – Attach Forms W-2 and 1099.	27	2 5 3 1
28	AMOUNT OF CREDIT CARRIED FORWARD FROM 2019	28	0
29	AMOUNT OF ESTIMATED PAYMENTS MADE FOR 2020	29	0
30	AMOUNT PAID WITH EXTENSION REQUEST	30	0
31	TOTAL REFUNDABLE TAX CREDITS AND PAYMENTS – Add Lines 25 through 30.	31	2 5 3 1
32	OVERPAYMENT – If Line 31 is greater than Line 24, subtract Line 24 from Line 31. Your overpayment may be reduced by the Underpayment of Estimated Tax Penalty. Otherwise, go to Line 39.	32	2 5 3 1
33	UNDERPAYMENT PENALTY – See the instructions for Underpayment Penalty and Form R-210R. If you are a farmer, check the box.	33	
34	ADJUSTED OVERPAYMENT – If Line 32 is greater than Line 33, subtract Line 33 from Line 32, and enter on Line 34. If Line 33 is greater than Line 32, subtract Line 32 from Line 33, and enter the balance on Line 39.	34	2 5 3 1
35	TOTAL DONATIONS – From Schedule D, Line 19	35	

PAYMENTS

36	SUBTOTAL – Subtract Line 35 from Line 34. This amount of overpayment is available for credit or refund.	36	2 5 3 1
37	AMOUNT OF LINE 36 TO BE CREDITED TO 2021 INCOME TAX	CREDIT 37	0
AMOUNT TO BE REFUNDED – Subtract Line 37 from Line 36. If mailing to LDR, use Address 2 on the next page.			
38	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 38	2 5 3 1

REFUND DUE

DIRECT DEPOSIT INFORMATION

Type: Checking ☒ Savings

Will this refund be forwarded to a financial institution located outside the United States?

Yes

No ☒

Routing Number [REDACTED]

Account Number [REDACTED]

COMPLETE AND SIGN RETURN ON NEXT PAGE.



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

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Enter your Social Security Number. [REDACTED]

AMOUNTS DUE LOUISIANA

39 AMOUNT YOU OWE – If Line 24 is greater than Line 31, subtract Line 31 from Line 24.	39	0
40 ADDITIONAL DONATION TO THE MILITARY FAMILY ASSISTANCE FUND	40	0
41 ADDITIONAL DONATION TO THE COASTAL PROTECTION AND RESTORATION FUND	41	0
42 ADDITIONAL DONATION TO LOUISIANA FOOD BANK ASSOCIATION	42	0
43 INTEREST – From the Interest Calculation Worksheet, Line 5.	43	0
44 DELINQUENT FILING PENALTY – From the Delinquent Filing Penalty Calculation Worksheet, Line 7.	44	0
45 DELINQUENT PAYMENT PENALTY – From Delinquent Payment Penalty Calculation Worksheet, Line 7.	45	0
46 UNDERPAYMENT PENALTY – See the instructions for Underpayment Penalty and Form R-210R. If you are a farmer, check the box.	46	0
47 BALANCE DUE LOUISIANA – Add Lines 39 through 46. If mailing to LDR, use address 1 below. For electronic payment options, see instructions.	47	0

PAY THIS AMOUNT.**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 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 38.

Your Signature	Date (mm/dd/yyyy)	Spouse's Signature (If filing jointly, both must sign.)	Date (mm/dd/yyyy)
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PAID PREPARER USE ONLY	Print/Type Preparer's Name		Preparer's Signature		Date (mm/dd/yyyy)	Check <input type="checkbox"/> if Self-employed
	Firm's Name ➤			Firm's FEIN ➤		
	Firm's Address ➤			Telephone ➤		

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

[REDACTED]

Individual Income Tax Return
Calendar year return due 5/15/2021

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

WEB

For Office
Use Only.

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{ Address }
1
2

**Substitute for Form W-2, Wage and Tax Statement, or
Form 1099-R, Distributions From Pensions, Annuities, Retirement
or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**

▶ Attach to Form 1040, 1040-SR, or 1040-X.

▶ Go to www.irs.gov/Form4852 for the latest information.

OMB No. 1545-0074

Attachment
Sequence No. 04**You must take the following steps before filing Form 4852**

• Attempt to get your Form W-2, Form W-2c, or Form 1099-R (original or corrected) from your employer or payer before contacting the IRS or filing Form 4852.

• If you don't receive the missing or corrected form from your employer or payer by the end of February, you may call the IRS at 800-829-1040 for assistance. You must provide your name, address (including ZIP code), phone number, social security number, and dates of employment. You must also provide your employer's or payer's name, address (including ZIP code), and phone number. The IRS will contact your employer or payer and request the missing form. The IRS will also send you a Form 4852. If you don't receive the missing form in sufficient time to file your income tax return timely, you may use the Form 4852 that the IRS sent you to file with your return.

1 Name(s) shown on return Keith R. Blackburn		2 Your social security number [REDACTED]	
3 Address [REDACTED]			
4 Enter year in space provided and check one box. For the tax year ending December 31, <u>2020</u> , I have been unable to obtain (or have received an incorrect) <input type="checkbox"/> Form W-2 OR <input checked="" type="checkbox"/> Form 1099-R. I have notified the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments made to me and tax withheld by my employer or payer named on line 5.			
5 Employer's or payer's name, address, and ZIP code [REDACTED]		6 Employer's or payer's TIN (if known) [REDACTED]	
7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.			
a Wages, tips, and other compensation _____		f State income tax withheld _____ (Name of state) _____	
b Social security wages _____		g Local income tax withheld _____ (Name of locality) _____	
c Medicare wages and tips _____		h Social security tax withheld _____	
d Social security tips _____		i Medicare tax withheld _____	
e Federal income tax withheld _____			
8 Form 1099-R. Enter distributions from pensions, annuities, retirement or profit-sharing plans, IRAs, insurance contracts, etc.			
a Gross distribution _____		f Federal income tax withheld <u>35407</u>	
b Taxable amount _____		g State income tax withheld <u>252</u> (Name of state) <u>Louisiana</u>	
c Taxable amount not determined . <input type="checkbox"/>		h Local income tax withheld _____ (Name of locality) _____	
d Total distribution <input type="checkbox"/>		i Employee contributions _____	
e Capital gain (included on line 8b) . _____		j Distribution codes _____	

9 How did you determine the amounts on lines 7 and 8 above?

Lines 8(a)(b)(c)(d) are corrected as I did not receive any "wages" as defined in 3401(a) and 3121(a) in 26 USC. I was also not involved in any federal privileged activities as defined in 7701(a)(26). Lines 8(f) and (g) were derived from the 1099-R provided by the payer listed on Line 5.

10 Explain your efforts to obtain Form W-2, Form 1099-R (original or corrected), or Form W-2c, Corrected Wage and Tax Statement.
None.

General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about developments related to Form 4852, such as legislation enacted after it was published, go to www.irs.gov/Form4852.

Purpose of form. Form 4852 serves as a substitute for Forms W-2, W-2c, and 1099-R (original or corrected) and is completed by you or your representatives when (a) your employer or payer doesn't issue you a Form W-2 or Form 1099-R, or (b) an employer or payer has issued an incorrect Form W-2 or Form 1099-R. Attach this form to the back of your income tax return before any supporting forms or schedules.

You should always attempt to get your Form W-2, Form W-2c, or Form 1099-R (original or corrected) from your employer or payer before contacting the IRS or filing Form 4852. If you don't receive the missing or corrected form from your employer or payer by the end of February, you may call the IRS at 800-829-1040 for assistance. You must provide your name, address (including ZIP code), phone number, social security number, and dates of employment. You must also provide your employer's or payer's name, address (including ZIP code), and phone number. The IRS will contact your employer or payer and request the missing form. The IRS will also send you a Form 4852. If you don't receive the missing form in sufficient time to file your income tax return timely, you may use the Form 4852 that the IRS sent you.

**Substitute for Form W-2, Wage and Tax Statement, or
Form 1099-R, Distributions From Pensions, Annuities, Retirement
or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.**

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1 Name(s) shown on return Keith A. Blackburn		2 Your social security number [REDACTED]	
3 Address [REDACTED]			
4 Enter year in space provided and check one box. For the tax year ending December 31, <u>2020</u> , I have been unable to obtain (or have received an incorrect) <input checked="" type="checkbox"/> Form W-2 OR <input type="checkbox"/> Form 1099-R. I have notified the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments made to me and tax withheld by my employer or payer named on line 5.			
5 Employer's or payer's name, address, and ZIP code [REDACTED]		6 Employer's or payer's TIN (if known) [REDACTED]	
7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.			
a Wages, tips, and other compensation		f State income tax withheld	2279
b Social security wages		(Name of state) <u>Louisiana</u>	
c Medicare wages and tips		g Local income tax withheld	
d Social security tips		(Name of locality)	
e Federal income tax withheld 5807		h Social security tax withheld	4352
		i Medicare tax withheld	1017
8 Form 1099-R. Enter distributions from pensions, annuities, retirement or profit-sharing plans, IRAs, insurance contracts, etc.			
a Gross distribution		f Federal income tax withheld	
b Taxable amount		g State income tax withheld	
c Taxable amount not determined <input type="checkbox"/>		(Name of state)	
d Total distribution <input type="checkbox"/>		h Local income tax withheld	
e Capital gain (included on line 8b)		(Name of locality)	
		i Employee contributions	
		j Distribution codes	

9 How did you determine the amounts on lines 7 and 8 above?
Lines 7(a)(b) and (c) are corrected as I did not receive any "wages" as defined in 3401(a) and 3121(a) in 26 USC. Lines 7(e)(h) and (i) were derived from the W-2 provided by the payer listed on Line 5.

10 Explain your efforts to obtain Form W-2, Form 1099-R (original or corrected), or Form W-2c, Corrected Wage and Tax Statement.
None.

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