



December 22, 2005

Robert and Patricia B [REDACTED]  
[REDACTED]  
[REDACTED]

Subject: Louisiana Individual Income  
Tax Period(s): 2004  
Account No.: [REDACTED]

Dear Mr. and Mrs. B [REDACTED]

This letter is to inform you that your Louisiana individual income tax refund for the year 2004 in the amount of \$2711.00 has been [REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Should you have any questions, please contact me at the number shown below.

Sincerely,

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Cc: [REDACTED]

617 North Third Street  
P. O. Box 66658  
Baton Rouge, Louisiana 70896  
225-219-2255 • 225-219-2250 Fax  
TDD# 225-219-2114 • [www.revenue.louisiana.gov](http://www.revenue.louisiana.gov)



Print your Social Security Number here: \_\_\_\_\_

15D AMOUNT OF CREDIT CARRIED FORWARD FROM 2003	15D					0	00
15E AMOUNT PAID ON YOUR BEHALF BY A COMPOSITE PARTNERSHIP FILING Enter name of partnership _____	15E					0	00
15F AMOUNT OF ESTIMATED PAYMENTS FOR 2004	15F					0	00
15G AMOUNT PAID WITH EXTENSION REQUEST	15G					0	00
15H TOTAL REFUNDABLE CREDITS AND PAYMENTS - Add Lines 15A through 15G and print the result here	15H			2	7	1	1
16 OVERPAYMENT - If Line 15H is less than or equal to Line 14, enter zero, "0," and skip Lines 17A through 20. If Line 15H is greater than Line 14, then subtract Line 14 from Line 15H and print the result here	16			2	7	1	1
<b>DONATIONS - If you wish to donate any or all of your overpayment on Line 16, list the amount(s) below.</b>							
17A WILDLIFE HABITAT AND NATURAL HERITAGE TRUST FUND	17A					0	00
17B LOUISIANA CANCER TRUST FUND - PROSTATE CANCER	17B					0	00
17C LOUISIANA ANIMAL WELFARE COMMISSION	17C					0	00
17D LOUISIANA HOUSING TRUST FUND	17D					0	00
18 AMOUNT OF LINE 16 YOU WISH TO CONTRIBUTE TO START	18					0	00
19 AMOUNT OF LINE 16 TO BE REFUNDED TO YOU - See mailing address below (Less amounts entered on Lines 17A through 16 )	REFUND 19			2	7	1	1
20 AMOUNT OF LINE 16 TO BE CREDITED TO 2005 INCOME TAX (Less amounts entered on Lines 17A through 19 )	CREDIT 20					0	00
21 AMOUNT YOU OWE - If Line 14 is equal to Line 15H, enter zero, "0," if Line 14 is greater than Line 15H, then subtract Line 15H from Line 14 and print the result here	21					0	00
22 INTEREST - From Line 5 of the Interest Calculation Worksheet, page 24	22					0	00
23 DELINQUENT FILING PENALTY - From Line 7 of the Delinquent Filing Penalty Calculation Worksheet, page 24	23					0	00
24 DELINQUENT PAYMENT PENALTY - See instructions for the Delinquent Payment Penalty, page 24	24					0	00
25 UNDERPAYMENT PENALTY - See instructions for Underpayment Penalty, page 24 and/or Form R-210	25					0	00
26 BALANCE DUE LOUISIANA - Add Lines 21, 22, 23, 24, and 25 and print the result here. Make check payable to: <b>Louisiana Department of Revenue. Mail to P.O. Box 3550, Baton Rouge, LA 70821-3550.</b> For electronic payment options, see page 2. <b>DO NOT SEND CASH.</b>	<b>PAY THIS AMOUNT. 26</b>					0	00

**DO NOT SUBMIT A PHOTOCOPY OF THIS RETURN.**



Mark this box if an extension is attached and place extension as first page of submitted form.

I declare that I have examined this return, and to the best of my knowledge, it is true and complete. Declaration of paid preparer is based on all available information. 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 in order to properly identify the START Savings Program account holder. If married filing jointly, both Social Security Numbers may be submitted.

Your signature	Date	Your occupation	Signature of paid preparer other than taxpayer	
Spouse's signature (if filing jointly, both must sign)	Date	Spouse's occupation	Telephone number of paid preparer	Date

For office use only  
 MAIL PAYMENTS TO:  
 Department of Revenue  
 P. O. Box 3550  
 Baton Rouge, LA 70821-3550

Social Security Number, PTIN, or  
 FEIN of PAID preparer

**Individual Income Tax Return**  
 Calendar year returns due 5/16/2005.

MAIL REFUNDS TO:  
 Department of Revenue  
 P. O. Box 3440  
 Baton Rouge, LA 70821-3440

**Do Not Submit A Photocopy  
 of Your Federal Return.**

6541

**For office use only**

Extension  
 Sub  
 Refund  
 Other



Form **4852**  
(Revised Oct. 1998)

Department of the Treasury - Internal Revenue Service  
**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.**

OMB No.  
1545-0458

Attach to Form 1040, 1040A, 1040-EZ or 1040X

1. Name (First, middle, last)  
Robert B

2. Social security number (SSN)

3. Address

4. Please fill in the year at the end of the statement. I have been unable to obtain (or have received an incorrect) Form W-2, Wage and Tax Statement, or Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-sharing Plans IRA's, Insurance Contracts, etc., from my employer or payer named below. I have notified the Internal Revenue Service of this fact. The amounts shown below are my best estimates of all wages or payments paid to me and Federal taxes withheld by this employer or payer during 2004 (year).

5. Employer's or payer's name, address and ZIP code

6. Employer's or payer's identification number (if known)

7(A) Enter wages, compensations and taxes withheld

a. Wages (Note: include (1) the total wages paid (2) noncash payments, (3) tips /reported and (4) all other compensation before deductions for taxes, insurance, etc.)	<u>-0-</u>	f. Federal income tax withheld	<u>10017.69</u>
b. Social security wages	<u>-0-</u>	g. State tax withheld (Name or state)	<u>LA. 2636.51</u>
c. Medicare wages	<u>-0-</u>	h. Local tax withheld (Name of locality)	
d. Advance EIC payments	<u>-0-</u>	i. Social security tax withheld	<u>5011.68</u>
e. Social security tips	<u>-0-</u>	j. Medicare tax withheld	<u>1172.09</u>

7(B). Enter distributions from pensions, annuities, retirement or profit-sharing plans, IRAs, insurance contracts, etc.

1. Gross Distribution	<u>-0-</u>	4. Federal Income Tax Withheld	<u>-0-</u>
2a. Taxable Amount	<u>-0-</u>	5. State Income Tax Withheld	<u>-0-</u>
2b. Taxable Amount not determined <input type="checkbox"/>		6. Employee Contribution	<u>-0-</u>
Total Distribution <input type="checkbox"/>		7. Net Unrealized Appreciation	<u>-0-</u>
3. Capital Gains (Included in 2a)	<u>-0-</u>	8. Enter Distribution Code	<u>-0-</u>

8. How did you determine the amounts in item 7 above?

Company provided records and statutory language behind IRC sections 3401 and 3121 and others.

9. Explain your efforts to obtain Form W-2, 1099-R, or W-2c, Statement of Corrected Income and Tax Amounts.

Request, but company refuses to issue forms correctly listing payments of "wages" as defined in 3401(a) and 3121(a). The amounts listed as withheld on the W-2 it submitted are correct, however.

**Importance Notice:** If your employer has ceased operations or filed for bankruptcy, you may wish to send a copy of this form to the Social Security Administration office listed in your telephone directory to ensure proper social security credit.

**Paperwork Reduction Act Notice:**

We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax. You are not required to provide the information requested on a form that is subject to the Paper Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103. The time needed to complete this form will vary depending on individual circumstances. The estimated average time is 18 minutes. If you have comments concerning the occurrence of this time estimate or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Forms Committee, Western Area Distribution Center, Rancho Cordova, CA 95743 0001. DO NOT send this form to this office. Instead, attach it to your tax return.

Under penalties of perjury, I declare that I have examined this statement, and to the best of my knowledge and belief, it is true, correct, and complete.

10. Your signature

11. Date (mmddyyyy)

Form **4852**  
(Revised Oct. 1998)

Department of the Treasury - Internal Revenue Service  
**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, 1040A, 1040-EZ or 1040X

OMB No.  
1545-0458

1. Name (First, middle, last)  
**Patricia [REDACTED] B [REDACTED]**

2. Social security number (SSN)  
[REDACTED]

3. Address  
[REDACTED]

4. Please fill in the year at the end of the statement. I have been unable to obtain (or have received an incorrect) Form W-2, Wage and Tax Statement, or Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-sharing Plans IRA's, Insurance Contracts, etc., from my employer or payer named below. I have notified the Internal Revenue Service of this fact. The amounts shown below are my best estimates of all wages or payments paid to me and Federal taxes withheld by this employer or payer during 2004 (year).

5. Employer's or payer's name, address and ZIP code  
[REDACTED]

6. Employer's or payer's identification number (if known)  
[REDACTED]

7(A) Enter wages, compensations and taxes withheld

a. Wages (Note: Include (1) the total wages paid (2) noncash payments, (3) tips /reported and (4) all other compensation before deductions for taxes, insurance, etc.)	<u>-0-</u>	f. Federal income tax withheld	<u>2.99</u>
b. Social security wages	<u>-0-</u>	g. State tax withheld (Name or state) <u>LA.</u>	<u>11.12</u>
c. Medicare wages	<u>-0-</u>	h. Local tax withheld (Name of locality)	
d. Advance EIC payments	<u>-0-</u>	i. Social security tax withheld	<u>100.34</u>
e. Social security tips	<u>-0-</u>	j. Medicare tax withheld	<u>23.47</u>

7(B). Enter distributions from pensions, annuities, retirement or profit-sharing plans, IRAs, insurance contracts, etc.

1. Gross Distribution	<u>-0-</u>	4. Federal Income Tax Withheld	<u>-0-</u>
2a. Taxable Amount	<u>-0-</u>	5. State Income Tax Withheld	<u>-0-</u>
2b. Taxable Amount not determined <input type="checkbox"/>		6. Employee Contribution	<u>-0-</u>
Total Distribution <input type="checkbox"/>		7. Net Unrealized Appreciation	<u>-0-</u>
3. Capital Gains (included in 2a)	<u>-0-</u>	8. Enter Distribution Code	<u>-0-</u>

8. How did you determine the amounts in item 7 above?

**Company provided records and statutory language behind IRC sections 3401 and 3121 and others.**

9. Explain your efforts to obtain Form W-2, 1099-R, or W-2c, Statement of Corrected Income and Tax Amounts.

**Request, but company refuses to issue forms correctly listing payments of "wages" as defined in 3401(a) and 3121(a). The amounts listed as withheld on the W-2 it submitted are correct, however.**

**Importance Notice:** If your employer has ceased operations or filed for bankruptcy, you may wish to send a copy of this form to the Social Security Administration office listed in your telephone directory to ensure proper social security credit.

**Paperwork Reduction Act Notice:**

We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax. You are not required to provide the information requested on a form that is subject to the Paper Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103. The time needed to complete this form will vary depending on individual circumstances. The estimated average time is 18 minutes. If you have comments concerning the occurrence of this time estimate or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Forms Committee, Western Area Distribution Center, Rancho Cordova, CA 95743 0001. DO NOT send this form to this office. Instead, attach it to your tax return.

Under penalties of perjury, I declare that I have examined this statement, and to the best of my knowledge and belief, it is true, correct, and complete.

10. Your signature

11. Date (mm/dd/yyyy)

Form 4852  
(Revised Oct. 1998)

Department of the Treasury - Internal Revenue Service  
**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, 1040A, 1040-EZ or 1040X

OMB No.  
1545-0458

1. Name (First, middle, last) Patricia B [REDACTED] 2. Social security number (SSN) [REDACTED]

3. Address [REDACTED]

4. Please fill in the year at the end of the statement. I have been unable to obtain (or have received an incorrect) Form W-2, Wage and Tax Statement, or Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-sharing Plans IRA's, Insurance Contracts, etc., from my employer or payer named below. I have notified the Internal Revenue Service of this fact. The amounts shown below are my best estimates of all wages or payments paid to me and Federal taxes withheld by this employer or payer during 2004 (year).

5. Employer's or payer's name, address and ZIP code [REDACTED] 6. Employer's or payer's identification number (if known) [REDACTED]

7(A) Enter wages, compensations and taxes withheld

a. Wages (Note: Include (1) the total wages paid (2) noncash payments, (3) tips /reported and (4) all other compensation before deductions for taxes, insurance, etc.)	<u>-0-</u>	f. Federal income tax withheld	<u>-0-</u>
b. Social security wages	<u>-0-</u>	g. State tax withheld (Name or state) <u>LA.</u>	<u>64.02</u>
c. Medicare wages	<u>-0-</u>	h. Local tax withheld (Name of locality)	<u></u>
d. Advance EIC payments	<u>-0-</u>	i. Social security tax withheld	<u>239.07</u>
e. Social security tips	<u>-0-</u>	j. Medicare tax withheld	<u>55.89</u>

7(B). Enter distributions from pensions, annuities, retirement or profit-sharing plans, IRAs, insurance contracts, etc.

1. Gross Distribution	<u>-0-</u>	4. Federal Income Tax Withheld	<u>-0-</u>
2a. Taxable Amount	<u>-0-</u>	5. State Income Tax Withheld	<u>-0-</u>
2b. Taxable Amount not determined <input type="checkbox"/>		6. Employee Contribution	<u>-0-</u>
Total Distribution <input type="checkbox"/>		7. Net Unrealized Appreciation	<u>-0-</u>
3. Capital Gains (included in 2a)	<u>-0-</u>	8. Enter Distribution Code	<u>-0-</u>

8. How did you determine the amounts in item 7 above?

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9. Explain your efforts to obtain Form W-2, 1099-R, or W-2c, Statement of Corrected Income and Tax Amounts.

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Under penalties of perjury, I declare that I have examined this statement, and to the best of my knowledge and belief, it is true, correct, and complete.

10. Your signature \_\_\_\_\_ 11. Date (mm/dd/yyyy) \_\_\_\_\_