

Please DO NOT fold or staple.

IT-540ES-SD (2011)

LOUISIANA ESTIMATED TAX DECLARATION VOUCHER FOR INDIVIDUALS - 2011

I

If year end differs from prior year, mark box. For calendar year 2011 or fiscal year ending _____ month/year

Your Social Security Number	Spouse's Social Security Number	Payment due date	INDIVIDUAL Voucher
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Name _____ **Amount of payment. DO NOT SEND CASH.**

Spouse's Name _____

Address _____ **\$** **.00**

City, State, ZIP _____

SPEC CODE

Mark box if address has changed.

Mail this form with your payment to:
LA DEPT OF REVENUE
PO BOX 91007
BATON ROUGE LA 70821-9007

Mail date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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For office use only