IT-540ES-SD (2013)	To ensure proper credit, please DO NO	OT fold or staple.	
	STIMATED TAX DECLARATION VOUCH rs from prior year, mark box.  For calendar year 201:	HER FOR INDIVIDUALS – 2013  13 or fiscal year ending	I
Your Social Security Number	Spouse's Social Security Number	Payment due date INDIVIDUAL Voucher	
Name Spouse's Name Address City, State ZIP		Amount of payment. DO NOT SEND CA  .00	O
SPEC CODE	Mail this form with your payment to: LA DEPT OF REVENUE PO BOX 91007 BATON ROUGE LA 70821-9007	Mail date 1905 For office use only	