

Mailing Address
Louisiana Economic
Development
P.O. Box 94185
Baton Rouge, LA 70804-9185

Physical Address
1051 North Third Street
Baton Rouge, LA 70802



R&D Tax Credit Program Application

OpportunityLouisiana.com

For Office Use Only	
Deposit Date	
Receipt #	
Check #	
Check Amt.	
Initials	

BUSINESS INFORMATION

Business Name _____
Business Address1 _____ Business Address2 _____
City _____ State _____ Zip Code _____ - _____ Parish _____
Phone Number _____ Ext _____ Fax Number _____
Business Contact _____ Email Address _____
LA State Senator _____ LA State Representative _____
NAICS Code _____ Dept of Revenue ID _____

RESEARCH & DEVELOPMENT INFORMATION

Brief Description of Business and R&D Expenses _____

List Louisiana Locations _____
Federal Qualified Research Expenses _____ LA Qualified Research Expenses _____
LA Resident Employees _____ LA Resident R&D Employees _____
Average Wage of Non-R&D LA Employees _____ Average Wage of R&D LA Employees _____
Average Value of Benefits Received by all LA Employees _____ Cost of Health Ins Coverage Offered _____

APPLICATION FEE: \$250
Please make checks payable to LED.

CERTIFICATION

The undersigned authority hereby certifies: That he/she is _____ of _____
_____. That he/she has examined the information contained in this application and found the
information given to be true and correct to the best of their knowledge.

Subscribed on _____, 20 ____.

Company Official

Print Company Official

CHECKLIST OF ATTACHMENTS

- ___ Federal Income Tax Return and supporting documentation (if applicable)
- ___ If less than 50 employees, attach list of research expenses incurred (Page 2)
- ___ Copy of Small Business Innovation Research Grant (SBIR) with documentation showing payments received (if applicable)
- ___ Copy of tax study (if applicable)
- ___ \$250 application fee, made payable to **LOUISIANA ECONOMIC DEVELOPMENT** or **LED**

R&D Tax Credit Program Application (con't)

Business Name _____

RESEARCH & DEVELOPMENT EXPENSES
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EMPLOYEE NAME	TITLE	JOB DESCRIPTION	SALARY	% ENGAGED IN R&D

List of Supplies and Contracted Research		
VENDOR	DESCRIPTION	COST
TOTAL AMOUNT		\$ _____

If including payments to a research company, or clinical trial company, please include a copy of the agreement with a copy of all payments made during the year.