



Application for Deduction for Employment of Certain Qualified Disabled Individuals

I. Employer Information			
LA Revenue Account Number or SSN	FEIN	Date of Application (mm/dd/yyyy)	
Legal Name			
Trade Name			
Address			
City	State	ZIP	
II. Employee Information			
I, the employer, is hereby applying for one of the 100 slots for the employment of the following individual:			
Employee's Name	SSN		
Address			
City	State	ZIP	
III. Employer Declaration			
I declare that to the best of my knowledge of all available information, this application is true and complete and complies with all statutes, rules and regulations, and any other policy pronouncements related to the deduction for employment of certain qualified disabled individuals program.			
Signature	Name	Date (mm/dd/yyyy)	
IV. Department of Health Review			
Signature	Date (mm/dd/yyyy)		
Printed Name	Printed Title		
Appointing Authority Signature	Printed Name		
Meets Qualifications as of date signed by LDH: <input type="checkbox"/> Yes <input type="checkbox"/> No	Application Number		
V. Employment Information - To be completed by employer.			
Employment Start Date (mm/dd/yyyy)	Employment End Date (mm/dd/yyyy)	Hourly Rate of Pay	
Average number of hours worked in a week	Position	Location of Employment (City and State)	
Disability			
VI. Calculation of Deduction for Tax Year _____			
Gross wages paid to qualified individual for employment during month 1 through 4 of employment.	\$	X 50%	\$
Gross wages paid to qualified individual for employment during month 5 through end of tax year or amount paid during tax year after first year of employment.	\$	X 30%	\$
Total amount of deduction			\$

**Instructions for Application for Deduction for Employment of
Certain Qualified Disabled Individuals (R.S. 47:297.13)**

An income tax deduction is allowed for each taxpayer who provides continuous employment to a qualified individual with a disability within this state. The amount of the deduction is equal to 50 percent of the gross wages paid to the individual during the first four continuous months of employment and 30 percent of the gross wages paid during each subsequent continuous month of employment. The number of qualified individuals for which the deduction may be claimed is limited to 100.

Employers will need to complete Sections I through III and submit the application to Louisiana Department of Health, Office for Citizens with Developmental Disabilities for review. Please mail the form to:

**Louisiana Department of Health (LDH)
Office for Citizens With Developmental Disabilities (OCDD)
PO Box 3117, Baton Rouge, La. 70821-3117**

Once LDH/OCDD reviews the form, Section IV will be completed and the form returned to the employer. The employer will need to complete Sections V and attach a copy to their tax return in order to claim deduction. If you are filing an individual income tax return, the deduction would be reported on Schedule E, code 49E for 2015 or code 21E for 2016. If you are filing Corporation income tax returns, the deduction would be reported on Schedule F, Line f.