

Request for Refund of Louisiana Citizens Property Insurance Corporation Assessment

Individual Income Tax

FILING PERIOD 2016

Your first name →	MI	Last name			Suffix							Your Social Security Number
If joint return, spouse's name →	MI	Last name		Suffix							Spouse's Social Security Number	
Current home address (number and street	inclu	 ding apartment nu	umber or	rural route)							
City, town, or APO →				ZIP	ZIP For amended return, mark this box.							
Louisiana Revised Statute 47:6025 allo assessment that you paid between Janumay claim the Louisiana Citizens Properbut not on both forms. Claiming the refu One Property If you paid the Louisiana Citizens Property company's name, and the insurance police	uary ty In nd c	1, 2016, and D surance Corpor on both forms wurance Corporat	ecember ation as ill delay tion asse	er 31, 201 sessmen your indiversessment for	6 as a refund vidual in	part of l on the ncome one pr	of your is for the tax of the tax of	ur ho rm o retu	omeow r on yourn for t the p	vner's our ind reviev	insura iividua v. y's add	nce premium. You I income tax return dress, the insurance
Address of Property												
Insurance Company	rance Company											
amount of the assessments paid for all p				-						PROPE	RTIES	s.
REFUND												
Calculate the Refund of Louisiana Citizer Legislature reduced the credit to 25% of				ow. Act 9	of the 2	2016 \$	Seco	nd E	xtraor	dinary	Sessi	on of the Louisiana
1. Enter the amount of the total assess	sme	nt paid										00
2. Multiply Line 1 by 25 percent (.25).												<u> </u> 00
I declare that I have examined this return on all available information. I also conserverify the amount of the Louisiana Citizer companies to provide the Citizens Insura	nt th ns F	at the Louisiana Property Insuran Assessment in	a Depart ce Corpo formatio	ment of Foration as	Revenue sessme ouisian	e may ent pa na Del	cor aid, a cartr	itact and I nent	my ins furthe of Rev	suranc r direc /enue	e com t my ir upon	pany/companies to nsurance company
Your Signature		Date	(mm/dd/yy	yy) Signat	ure of pa	aid pre	pare	r othe	r than	taxpaye	er ————	
Spouse's Signature (If filing jointly, both must	t sigi	n.) Date	(mm/dd/yy	(yy) Teleph	one nun	nber o	f paid	l prep	arer		D	ate (mm/dd/yyyy)
SPEC CODE												

MAIL TO: Louisiana Department of Revenue P. O. Box 3576 Baton Rouge, LA 70821-3576