

### Request for Refund of Louisiana Citizens Property Insurance Corporation Assessment

### Individual Income Tax

# FILING PERIOD 2018

						_					
Your first name →		MI	Last name		Suff	ix				Your Social Security Number	
If joint return, enoug	ea's nama	MI	Last name		Suff	iv					
If joint return, spouse's name  →		1011	Last name		Sullix				Spouse's Social Security Number		
Current home add	Iress (number and	street inclu	ding apartmer	nt number or	rural route)					Area code and daytime telephone	
					715	_				number	
City, town, or APO				State	ZIP		For amended return, mark this box.				
Lauisiana Pavisar	1 Statuta 17:600	E allows	a rafundable	tov orodit	oqual to 05	noroon	t of the l	aujajana Citi	7000 [	Property Insurance	
assessment that y may claim the Lou but not on both fo  One Property If you paid the Lou	rou paid betweer isiana Citizens P rms. Claiming the isiana Citizens Pr	n January Property In e refund c	1, 2018, and surance Corporation both forms	d Decembe poration as s will delay oration asse	er 31, 2018, assessment re your individues	as a part fund on t ual incon	of your this form the tax re- property,	homeowner's or on your ind turn for review list the propert	insura ividual /. /'s ado	nce premium. You income tax return,	
company's name, a		e policy nu	imber in the t	oxes delov	v. Enter the a	mount of	your pai	a assessment	below	on Line 1.	
Address of Property					1						
Insurance Company					Policy Numb	er					
amount of the ass	essments paid fo								RTIES		
Calculate the Refu					ow. Act 9 of	the 2016	Second	Extraordinary	Sessi	on of the Louisiana	
Enter the amount of the total assessment paid										00	
2. Multiply Line	1 by 25 percent	(.25)								00	
Under penalties of p belief, they are true, I also consent that t Property Insurance information to the Lo	correct, and compl he Louisiana Depar Corporation assessi	lete. Declar tment of Re ment paid, a	ation of prepar evenue may co and I further di	er (other than ntact my insu rect my insur	n taxpayer) is l irance compan	ased on a y/compani	all informates to verif	tion of which pre y the amount of	parer h the Loι	as any knowledge. iisiana Citizens	
Your Signature				Date (mm/dd/)	yyyy) Spouse	e's Signat	ure (If filing	jointly, both must	sign)	Date (mm/dd/yyyy)	
PAID	Print/Type Preparer	r's Name	Prepare	r's Signature		Date (mn	n/dd/yyyy)	Check ☐ if Self-employed	PTIN		
PREPARER	Firm's Name ➤		,					Firm's EIN ➤			
USE ONLY	Firm's Address ➤										



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



## Instructions for Preparing your 2018 Louisiana Request for Refund of Louisiana Citizens Property Insurance Corporation Assessment (R-540INS)

#### Mail return to:

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

#### **About this Form**

The return has been designed for electronic scanning, which permits faster processing with fewer errors. In order to avoid unnecessary delays caused by manual processing, taxpayers should follow the guidelines listed below:

- An individual may file this form to claim the refund of the Louisiana Citizens Property Insurance Corporation assessment(s) that was paid during calendar year 2018.
- 2. Enter the amount only on the line that is applicable.
- 3. Complete the form by using a pen with black ink.
- 4. Because this form is read by a machine, please enter your numbers **inside the boxes** like this: 1 2 3
- : 1 2 3 4 5 00

- 5. All numbers should be rounded to the nearest dollar.
- 6. Numbers should NOT be entered over the pre-printed zeros, in the boxes on the far right, which are used to designate cents (.00).
- 7. If you are filing an amended return, mark an "X" in the "Amended Return" box.
- 8. Failure to attach the Insurance Declaration Page(s) will result in this form being returned to you.

Name(s), address, and Social Security Number(s) – Enter your name(s), address, and Social Security Number(s) in the space provided. If married, please enter Social Security Numbers for both you and your spouse.

Information concerning the assessment amounts and Insurance Declaration Page – The amount of this assessment may appear as separate line items on what is referred to as the "Declaration Page" of your property insurance premium notice. The Declaration Page names the policyholder, describes the property or liability to be insured, type of coverage, and policy limits. Depending on the location of the insured property, these line item charges may be listed as: Louisiana Citizens FAIR Plan REGULAR Assessment, Louisiana Citizens FAIR Plan REGULAR Assessment, and/or Louisiana Citizens Coastal Plan REGULAR Assessment, and/or Louisiana Citizens Coastal Plan EMERGENCY Assessment. Your total assessment paid is the total of these amounts, if they are shown on the Declaration Page. Important note: If you are a customer of the Louisiana Citizens Insurance Corporation and you paid the Tax Exempt Surcharge, this surcharge may not be claimed.

- Enter the address of the property, the insurance company's name, and the policy number in the spaces provided.
- Do you own more than one property that incurred an assessment?

If you had more than one property during 2018 that incurred an assessment, prepare and attach Form R-INS Supplement. For more than four properties, use additional R-INS Supplement forms. You must attach the Declaration Page for each property listed. Add all of the assessments that appear on the R-INS Supplement Form, and enter the total on Line 1.

9. Sign and date the return. Mail the return to the address at the top of this form.