

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

Corporation or Nontaxable Entity FILING PERIOD 2018

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<b>→</b>	Address						Turnos,	Area dayti	code & ime telephon
<b>→</b>	City			State ZIP		For amen	ded return, mark th	numb	oer
Louisiana Revised Statute 47:6025 allows a refundable tax credit equal to 25 percent of the Louisiana Citizens Property Insurance assessment that was paid by a corporation or a nontaxable entity between January 1, 2018, and December 31, 2018 as a part of its property insurance premium. You may claim the Louisiana Citizens Property Insurance Corporation assessment refund on this form o on the entity's income tax return, but not on both forms. Claiming the refund on both forms will delay the income tax return for review.  One Property  If the corporation or nontaxable entity paid the Louisiana Citizens Property Insurance Corporation assessment for only one property, lis the property's address, the insurance company's name, and the insurance policy number in the boxes below. Enter the amount of the paid assessment below on Line 1.									
	dress of Property								
Ins	surance Company'	's Name			Policy Number	er			
YOU MUST ATTACH A COPY OF YOUR INSURANCE DECLARATION PAGE FOR ALL PROPERTIES.									
<b>REFUND</b> Calculate the Refund of Louisiana Citizens Property assessment below. Act 9 of the 2016 Second Extraordinary Session of the Louisiana Legislature reduced the credit to 25% of the assessment paid.									
1. E	Enter the amou	nt of the total ass	sessment paid						00
2. I	Multiply Line 1	by 25 percent (.2	<u>'</u> 5). · · · · · · · · ·						00
true Dep	e, correct, and compartment of Revenu	plete. Declaration of ue may contact my ins	preparer (other the surance company)	han taxpayer) is bas y/companies to verify	sed on all information at the second second the second sec	anying documents, and ion of which he has ar e Louisiana Citizens Pr ent information to the L	ny knowledge. I als roperty Insurance (	so consent that th Corporation asses	ne Louisiana ssment paid
Nε	ame of Officer				Signature of	Officer			
Title of Officer					Date (mm/dd/	Date (mm/dd/yyyy)  Telephone			
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P	REPARER	Firm's Name >					Firm's EIN ➤		



Firm's Address

**USE ONLY** 

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

Phone no.



## Instructions for Preparing the 2018 Louisiana Request for Refund of Louisiana Citizens Property Insurance Corporation Assessment (R-620INS)

## 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:

- 1. A corporation or nontaxable entity may file this form to claim its refund of the Louisiana Citizens Property Insurance Corporation assessment(s) that was paid during calendar year 2018. Nontaxable entities include organizations described in either sections 401(a) or 501 of the Internal Revenue Code such as churches, not-for-profit hospitals, charities, community foundations, as well as public entities such as municipalities and school boards. The claim for refund is limited only to the amount of the insurance assessment paid as a result of the additional assessments for Louisiana Citizens Property Insurance Corporation. The amount that is claimed for refund may not include premium taxes paid.
- 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 4 5 6 7
- 5. All numbers should be rounded to the nearest dollar.
- 6. Numbers should NOT be entered over the pre-entered zeros, in the boxes on the far right, which are used to designate cents (.00).
- 7. If the corporation or nontaxable entity is filing an amended return, mark an "X" in the "Amended Return" box.
- 8. Failure to attach the Insurance Declaration Page will result in the Request for Refund form being returned to you.

Name, address, and Revenue Account Number – Enter the corporation's or nontaxable entity's legal name, address, and Revenue Account Number in the space provided. If the corporation or nontaxable entity does not have a Louisiana Revenue Account Number, mark the box below the account number field.

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 the 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. The 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. Enter the amount of the paid assessment in the appropriate boxes on Line 1. Multiply Line 1 by 25 percent (.25) and enter on Line 2.
- Does the corporation or nontaxable entity own more than one property that incurred an assessment?

If the corporation or nontaxable entity 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. Please 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. Multiply Line 1 by 25 percent (.25) and enter on Line 2.

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