

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

Corporation or Nontaxable Entity FILING PERIOD 2019

	egal Name										Louisiana Revenue	
<b>→</b>	ogai Maine										Account Number	
<b>→</b> T	rade Name							If you DO NOT have a Louisiana Revenue Account Number, mark this box.				
→ A	idress					Account N			i, mark uns	DOX.	Area code & daytime telephone number	
<b>→</b> C	ity			State	ZIP		For	amended re	turn, mark t	his box.		
on the	essment that verty insurance he entity's income entity's income erroperty e corporation	d Statute 47:602 was paid by a co e premium. You ome tax return, b or nontaxable en ress, the insurance on Line 1.	orporation or a may claim the out not on both tity paid the Lo	nontaxab Louisiana forms. Cl ouisiana C	le entity Citizens aiming tl	between Janus Property Insured Property	uary 1, 201 urance Cor ooth forms v	9, and Deporation a will delay ration asse	ecember assessme the incom	31, 2019 ent refund ne tax rete for only o	as a part of its on this form or urn for review. ne property, list	
	ress of Property											
Incu	rance Company	's Name				Policy Number						
More of the com	plete the Supp	Property or nontaxable ent olement Schedule otal amount of as	e for Refund of	Louisiana	Citizen:	s Property Ass	sessment, F	orm R-IN	S Supple	ment, and	attach it to this	
Mor If the com retur	e corporation of plete the Suppern. Enter the t	or nontaxable ent olement Schedule	e for Refund of ssessments pa	f Louisiana aid for all p	Citizens propertie	s Property Ass s listed on the	sessment, F supplemer	orm R-IN nt schedul	S Supple les on Lir	ment, and ne 1 belov	l attach it to this v.	
More If the compreture	e corporation of plete the Support. Enter the total YOU	or nontaxable ent plement Scheduk otal amount of as	e for Refund of ssessments pa	f Louisiana aid for all p	a Citizens propertie	s Property Ass s listed on the	sessment, F supplemer	form R-IN nt schedul	S Supple les on Lir	ment, and ne 1 belov	l attach it to this v.	
Moral If the comment of the comment	e corporation of plete the Suppern. Enter the tyon	or nontaxable ent olement Schedule otal amount of as	e for Refund of ssessments pa H A COPY OF	f Louisiana aid for all p  YOUR IN	a Citizen: propertie	s Property Ass s listed on the	sessment, F supplemer	form R-IN nt schedul	S Supple les on Lir	ment, and ne 1 belov	l attach it to this v.	
Morrif the commercial returns the commercial	e corporation of plete the Suppern. Enter the to YOU  FUND  THE THE AMOUNT OF THE PENNER OF THE PENN	or nontaxable ent olement Schedule otal amount of as U MUST ATTAC	e for Refund of seessments part A COPY OF seessment paid in percent (.25). That I have examinated by the surance company.	F YOUR IN  F YOUR IN  Hed this retunant taxpayers/companies	a Citizens propertie  NSURAN   Irn, includi ) is based to verify th	s Property Ass s listed on the ICE DECLAR.  ICE DECLAR.  Ing all accompany on all information amount of the L	essment, Fe supplement  ATION PAGE  wing document of which he coulsiana Citiz	GE FOR A	S Supple les on Lir  ALL PRO  the best of powledge. I a y Insurance	ment, and per 1 below PERTIES  my knowled also consen Corporatio	d attach it to this v.  dge and belief, it is that the Louisiana an assessment paid,	
Morrif the commercial returns and I	e corporation of plete the Suppern. Enter the to YOU  FUND  THE THE AMOUNT OF THE PENNER OF THE PENN	or nontaxable entolement Schedule otal amount of as U MUST ATTAC ont of the total assetiply Line 1 by 25 of perjury, I declare the plete. Declaration of the may contact my incomplete.	e for Refund of seessments part A COPY OF seessment paid in percent (.25). That I have examinated by the surance company.	F YOUR IN  F YOUR IN  Hed this retunant taxpayers/companies	a Citizens propertie  NSURAN   Irn, includi ) is based to verify th	s Property Ass s listed on the ICE DECLAR.  ICE DECLAR.  Ing all accompany on all information amount of the L	essment, Fe supplement ATION PAGE STATE OF ATI	GE FOR A	S Supple les on Lir  ALL PRO  the best of powledge. I a y Insurance	ment, and per 1 below PERTIES  my knowled also consen Corporatio	d attach it to this v.  dge and belief, it is that the Louisiana an assessment paid,	
Morretui  REF 1. Er 2. R Unde true, Depa and I	e corporation of plete the Suppern. Enter the to YOU  FUND  The the amounter the amounter the amounter the penalties of correct, and computation of Revenu further direct my	or nontaxable entolement Schedule otal amount of as U MUST ATTAC ont of the total assetiply Line 1 by 25 of perjury, I declare the plete. Declaration of the may contact my incomplete.	e for Refund of seessments part A COPY OF seessment paid in percent (.25). That I have examinated by the surance company.	F YOUR IN  F YOUR IN  Hed this retunant taxpayers/companies	a Citizens propertie  NSURAN   Irn, includi ) is based to verify th	ng all accompany on all information e amount of the Lance Assessment	essment, Fasupplement ATION PAGE  ying document of which he coursiana Citize information to officer	GE FOR A	S Supple les on Lir  ALL PRO  the best of powledge. I a y Insurance	ment, and the 1 below PERTIES  my knowled also consent Corporation nent of Rev	d attach it to this v.  dge and belief, it is that the Louisiana an assessment paid,	
Morretui  REF 1. Er 2. R Unde true, Depa and I	e corporation of plete the Suppern. Enter the to YOU  FUND  The the amounter the penalties of correct, and computation of Revenu further direct my the of Officer	or nontaxable entolement Schedule otal amount of as U MUST ATTAC ont of the total assetiply Line 1 by 25 of perjury, I declare the plete. Declaration of the may contact my incomplete.	e for Refund of seessments part A COPY OF seessment paid in percent (.25). That I have examinated preparer (other the surance company companies to proving the companies to	f Louisiana aid for all p  F YOUR IN  med this retunant axpayer //companies vide the Citiz	a Citizens propertie  NSURAN   Irn, includi ) is based to verify th	ng all accompany on all information e amount of the Lance Assessment  Signature of O  Date (mm/dd/yy	essment, Fasupplement ATION PAGE  ying document of which he coursiana Citize information to officer	GE FOR A	S Suppledes on Line ALL PRO  The best of powledge. I a y Insurance in a Department of the powledge of the powl	ment, and per 1 below per 1 be	d attach it to this v.  dge and belief, it is that the Louisiana an assessment paid,	
Morrif the commercial returns and I	e corporation of plete the Suppern. Enter the tyour. Enter the tyour. Enter the amounter the amounter the penalties of correct, and compute the penalties of further direct my the of Officer e of Officer	or nontaxable entolement Schedule otal amount of as U MUST ATTAC of the total asstiply Line 1 by 25 of perjury, I declare the plete. Declaration of the may contact my incinsurance company/	e for Refund of seessments part A COPY OF seessment paid in percent (.25). That I have examinated preparer (other the surance company companies to proving the companies to	f Louisiana aid for all p  F YOUR IN  med this retunant axpayer //companies vide the Citiz	a Citizens propertie  NSURAN  Irrn, includi i) is based to verify the tens Insura	ng all accompany on all information e amount of the Lance Assessment  Signature of O  Date (mm/dd/yy	essment, Fasupplement ATION PAGE  ying document of which he coursiana Citize information to officer	GE FOR A	S Suppledes on Line ALL PRO  the best of bowledge. I all a proposed in a Department of the Department	ment, and per 1 below per 1 be	d attach it to this v.  3.  dge and belief, it is that the Louisiana n assessment paid, enue upon request.	



MAIL TO: Louisiana Department of Revenue P. O. Box 3576 Baton Rouge, LA 70821-3576 For Office Use Only. PTIN, FEIN, or LDR Account Number of Paid Preparer

2955



# Instructions for Preparing the 2019 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 2019. 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
- 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 REGULAR Assessment, and 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 2019 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.

### **Paid Preparer Instructions**

If your return was prepared by a paid preparer, that person must also sign in the appropriate space, complete the information in the "Paid Preparer Use Only" box and enter his or her identification number in the space provided under the box. If the paid preparer has a Preparer Tax Identification Number (PTIN), the PTIN must be entered in the space provided under the box, otherwise enter the Federal Employer Identification Number (FEIN) or LDR account number. If the paid preparer represents a firm, the firm's FEIN must be entered in the "Paid Preparer Use Only" box. The failure of a paid preparer to sign or provide an identification number will result in the assessment of the unidentified preparer penalty on the preparer. The penalty of \$50 is for each occurrence of failing to sign or failing to provide an identification number.