R-540INS (1/15)

LOUISIANA
DEPARTMENT *of* REVENUE

Request for Refund of Louisiana Citizens Property Insurance Corporation Assessment

Individual Income Tax

FILING PERIOD 2015

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 including apartment number or rural route)*

City, town, or APO	State	ZIP

☐ For amended return, mark this box.

Louisiana Revised Statute 47:6025 allows a refundable tax credit to reimburse citizens who paid between January 1, 2015, and December 31, 2015, an assessment to fund the Louisiana Citizens Property Insurance Program as a part of their homeowner's insurance premium. You may claim the Louisiana Citizens Property Insurance Corporation assessment refund on this form or on your individual income tax return, but not on both forms. Claiming the refund on both forms will delay your individual income tax return for review.

One Property

If you paid the Louisiana Citizens Property Insurance Corporation assessment for only one property, list the property's address, the insurance company's name, and the insurance policy number in the boxes below. Print the amount of your paid assessment below on Line 1, Total Request for Refund of Louisiana Citizens Property Insurance Corporation Assessment.

Address of Property	
Insurance Company	Policy Number

More Than One Property

If you paid the Louisiana Citizens Property Insurance Corporation assessment for more than one property, complete the Supplement Schedule for Refund of Louisiana Citizens Property Assessment, Form R-INS Supplement, and attach it to this return. Print the total amount of the assessments paid for all properties listed on the Supplement Schedules on Line 1, the Total Request for Refund of Louisiana Citizens Property Insurance Corporation Assessment.
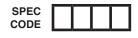
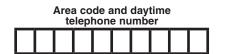***YOU MUST ATTACH A COPY OF YOUR INSURANCE DECLARATION PAGE FOR ALL PROPERTIES.***

REFUND

1. Total Request for Refund of Louisiana Citizens Property Insurance Corporation Assessment. . . . → ☐☐ , ☐☐☐ . 00

I declare that I have examined this return, and to the best of my knowledge, it is true and complete. Declaration of paid preparer is based on all available information. I also consent that the Louisiana Department of Revenue may contact my insurance company/companies to verify the amount of the Louisiana Citizens Property Insurance Corporation assessment paid, and I further direct my insurance company/companies to provide the Citizens Insurance Assessment information to the Louisiana Department of Revenue upon request.

Your Signature	Date *(mm/dd/yyyy)*	Signature of paid preparer other than taxpayer	
Spouse's Signature *(If filing jointly, both must sign.)*	Date *(mm/dd/yyyy)*	Telephone number of paid preparer ( )	Date *(mm/dd/yyyy)*

SPEC CODE ☐☐☐☐

Area code and daytime telephone number
☐☐☐☐☐☐☐☐☐☐

6790

LOUISIANA
DEPARTMENT *of* REVENUE

Instructions for Preparing your 2015 Louisiana Request for Refund of Louisiana Citizens Property Insurance Corporation Assessment (R-540INS)

SPEC CODE ☐☐☐☐ This space at the bottom of the form is to be used only when specifically instructed by LDR. Otherwise, leave blank.

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. 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 2015.

2. Print 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 print your numbers **inside the boxes** like this: 1 2 , 3 4 5 . 00

5. All numbers should be rounded to the nearest dollar.

6. Numbers should NOT be printed 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) – Print your name(s), address, and Social Security Number(s) in the space provided. If married, please print 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 **EMERGENCY** Assessment, Louisiana Citizens Coastal Plan **REGULAR** Assessment, and/or Louisiana Citizens Coastal Plan **EMERGENCY** Assessment. Your total allowable credit 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.**

•   Print 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 2015 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 print the total on Line 1, Total Request for Refund of Louisiana Citizens Property Insurance Corporation Assessment.

9. Sign and date the return. Mail to: Louisiana Department of Revenue
    P. O. Box 3576
    Baton Rouge, LA 70821-3576.