

Request for Refund of Louisiana Citizens Property Insurance Corporation Assessment

CORPORATION or OTHER **NONTAXABLE FNTITY**

FILING PERIOD 2007

			E141111				
							
Legal Name		→		Revenue Account Number			
Trade Name			If you DO NOT have a Louisiana	Revenue			
Address			Account Number, mark this box.				
City	State ZIP		For address change, mark this bo	х.			
			For amended return, mark this box	х.			
uisiana Revised Statute 47:6025 a id between January 1, 2007, and E ogram as a part of its property insu	ecember 31, 2007, an a		•	•			
If you paid the Louisiana Citizens address, the insurance company's assessment below on Line 1, Total	name, and the insurance	policy number i	n the boxes below. Enter the	amount of the paid			
Address of Property							
Insurance Company's Name		Policy Numbe	Policy Number				
	upplement Schedule for his return. Enter the total quest for Refund of Loui	Refund of Lou assessments siana Citizens R INSURANC	isiana Citizens Property Ass paid for all properties listed of Property Insurance Corpora E DECLARATION PAGE	essment, Form Ron the supplement			
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Fotal Request for Refund of Louisiansurance Corporation Assessmen			→ □ , □ □ ,	. 00			
der the penalties of perjury, I declare that I have of and complete. Declaration of preparer (other the devenue may contact my insurance company/cot my insurance company/companies to provide	nan taxpayer) is based on all inforr mpanies to verify the amount of th	nation of which he had be a considered to the contract of the	as any knowledge. I also consent that the Property Insurance Corporation asses	he Louisiana Departmen ssment paid, and I furthe			
Print name of officer			Signature of preparer				
Signature of officer			Firm name				
Title of officer			Telephone	Date			
Telephone	Date						
	Area code and daytime						
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MAIL TO: Louisiana Department of Revenue P. O. Box 3576 Baton Rouge, LA 70821-3576



Instructions for Preparing Your 2007 Louisiana Request for Refund of Louisiana Citizens Property Insurance Corporation Assessment (R-620INS)

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 other 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 2007. 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. Print amounts only on those lines that are applicable.
- 3. Use only a pen with black ink.

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	,			_	. , ,			_	

- Because this form is read by a machine, please print your numbers inside the boxes like this:
- 5. All numbers should be rounded to the nearest dollar.
- 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 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 and proof of payment will result in the Request for Refund form being returned to you. Documents that will be accepted as proof that you actually paid the LA Citizens assessments include, but are not limited to, cancelled checks, an image of a check, or an itemized escrow statement.

Name, address, and Revenue Account Number – Print 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. To notify us of an address change, mark an "X" in the "Address Change" box and complete the lines for address, city, state, and zip.

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. The 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. Print the amount of the paid assessment in the appropriate boxes.
- · 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 2007 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 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.

