



**Supplement Schedule for Refund of Louisiana Citizens Property Insurance Assessment**

**Corporation or Legal Entity**

→ Legal Name	Louisiana Revenue Account Number
→ First and Last Name	Your Social Security Number

**Individual Only**

If you have more than one property that incurred a Citizens assessment, use this form to identify those properties. You **must** use this form as an attachment to the following Louisiana income tax forms: Form IT-540, Form IT-540B, Form R-540INS, Form R-620INS, and Form CIFT-620. The Declaration page supporting the credit claimed for each property must be attached in order to receive the credit. On Line 5, print the total of the assessments claimed on this page.

**1 Physical Address of Property:**

Address 1 \_\_\_\_\_  
 Address 2 \_\_\_\_\_  
 City, State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Insurance Company \_\_\_\_\_  
 Policy Number \_\_\_\_\_

**Amount of Assessment** \_\_\_\_\_ **.00**

**2 Physical Address of Property:**

Address 1 \_\_\_\_\_  
 Address 2 \_\_\_\_\_  
 City, State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Insurance Company \_\_\_\_\_  
 Policy Number \_\_\_\_\_

**Amount of Assessment** \_\_\_\_\_ **.00**

**3 Physical Address of Property:**

Address 1 \_\_\_\_\_  
 Address 2 \_\_\_\_\_  
 City, State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Insurance Company \_\_\_\_\_  
 Policy Number \_\_\_\_\_

**Amount of Assessment** \_\_\_\_\_ **.00**

**4 Physical Address of Property:**

Address 1 \_\_\_\_\_  
 Address 2 \_\_\_\_\_  
 City, State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Insurance Company \_\_\_\_\_  
 Policy Number \_\_\_\_\_

**Amount of Assessment** \_\_\_\_\_ **.00**

**5 Total amount of assessments claimed on this page** ..... **.00**

