

LOUISIANA
 DEPARTMENT *of* REVENUE

**Statement of Claimant to Refund Due on
 Behalf of Deceased Taxpayer**
Mail to:
 Louisiana Department of Revenue
 P.O. Box 4998
 Baton Rouge, La 70821-4998
 Phone: 855.307.3893
 Fax: 225.219.6220

Date Statement is Executed	
Name of Deceased Taxpayer	Taxpayer's Social Security Number

I, _____ hereby certify that I am the _____ of the
 (Please Print) (Relationship or other capacity)
 deceased taxpayer and hereby make request for refund of the income taxes overpaid by or in behalf of the decedent.

Note: A certificate of death must accompany this document.

I, the undersigned claimant, certify, under all penalties, fines, and forfeitures imposed by law for the making of false or fraudulent claims against the State of Louisiana or the making of false statements in connection therewith, declare that if said refund is issued to him/her, he/she will see that the proceeds thereof are disposed of according to law.		
Signature of Claimant	Claimant's Social Security Number	
Address of Claimant		
City	State	ZIP