



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

**CORPORATION or
LEGAL ENTITY** →

| | |
|------------|------------------------|
| Legal Name | Revenue Account Number |
|------------|------------------------|

INDIVIDUAL ONLY →

| | |
|---------------------|-----------------------------|
| First and Last Name | Your Social Security Number |
|---------------------|-----------------------------|

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 _____ ZIP _____
 Insurance Company _____
 Policy Number _____

Amount of Assessment _____ **.00**

2 Physical Address of Property:

Address 1 _____
 Address 2 _____
 City _____ ZIP _____
 Insurance Company _____
 Policy Number _____

Amount of Assessment _____ **.00**

3 Physical Address of Property:

Address 1 _____
 Address 2 _____
 City _____ ZIP _____
 Insurance Company _____
 Policy Number _____

Amount of Assessment _____ **.00**

4 Physical Address of Property:

Address 1 _____
 Address 2 _____
 City _____ ZIP _____
 Insurance Company _____
 Policy Number _____

Amount of Assessment _____ **.00**

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



