

LOUISIANA
DEPARTMENT of REVENUE

**Natural Disaster Claim for Refund of State
Sales Taxes Paid**

Return completed form to:
Louisiana Department of Revenue
P.O. Box 91138
Baton Rouge, LA 70821-9138

Must attach Forms R-1362S and R-1362D

PLEASE PRINT OR TYPE.

Claimant's Name		DOB (mm/dd/yyyy)		Social Security Number	
Spouse's Name		DOB (mm/dd/yyyy)		Spouse's Social Security Number	
Mailing Address <input type="checkbox"/> Check box to indicate address change		City		State	ZIP
Resident of Louisiana Since (mm/yyyy)		Telephone (Daytime)			
Location and Description of Destruction					
Street Address (including apartment number)			City		ZIP
Parish		Date of Disaster (mm/dd/yyyy)		Name or Description of Disaster	
Primary Cause of Destruction: <input type="checkbox"/> Flood <input type="checkbox"/> Wind <input type="checkbox"/> Other _____			Type of Home: <input type="checkbox"/> House <input type="checkbox"/> Apartment/Condo <input type="checkbox"/> Mobile Home		
Area(s) of the home that received damage: <input type="checkbox"/> Kitchen <input type="checkbox"/> Living Room <input type="checkbox"/> Dining Room <input type="checkbox"/> Bedroom(s) (how many rooms) _____ <input type="checkbox"/> Breakfast Area <input type="checkbox"/> Den <input type="checkbox"/> Garage/Carport <input type="checkbox"/> Bathroom(s) (how many rooms) _____ <input type="checkbox"/> Patio <input type="checkbox"/> Outdoor Structure <input type="checkbox"/> Other _____					Total Number of Areas that Received Damage
1	Total amount of unreimbursed property loss from Form R-1362S, Line 3, Total Column.				\$
2	Total amount of state sales tax requested to be refunded from Form R-1362S, Line 6, Total Column.				\$

Certified Statement of Natural Disaster Refund Claim

The above individual, being duly sworn, deposes and says that the following statement is true and correct, that he is entitled to the refund requested, and that he is not delinquent with the State of Louisiana in the payment of any state taxes.

The property described on the schedule was destroyed by a natural disaster in a "natural disaster area" so declared by the President of the United States. I hereby certify:

- That the destroyed property was held for personal use at my residence, was not owned by a business, partnership, or corporation, and was not otherwise used by any person for commercial purposes;
- That the property was movable, both at the time of its purchase and at the time of its destruction;
- That I paid the Louisiana state sales/use tax on my purchase of the destroyed property in the amounts now requested to be refunded, and that the property was not acquired by gift, purchased outside the state, or otherwise without payment by me of the Louisiana sales/use tax; and,
- That all expected and actual reimbursements from insurance and other sources have been included.

Natural disaster refund claims must be notarized to be processed. Filing or submitting false information or false representation on this refund claim may result in jail time of 5 years and/or fines up to \$5,000 under Revised Statute 14:133.

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ day of _____, _____ year

Claimant's Name (please print)		Claimant's Signature	
Spouse's Name (please print)		Spouse's Signature	
Paid Preparer Name if other than taxpayer (please print)	Signature of Paid Preparer		Paid Preparer Telephone Number ()
Notary Name (please print)	Notary Signature		Notary Number

LOUISIANA
 DEPARTMENT of REVENUE

**Natural Disaster Claim for Refund
 Calculation of State Sales Tax Refund Due**

 Must be attached to Natural
 Disaster Claim for Refund of State
 Sales Taxes Paid – Form R-1362

PLEASE PRINT OR TYPE.

Claimant's Name		Social Security Number		
Spouse's Name		Spouse's Social Security Number		
Name or Description of Disaster		Date of Disaster (mm/dd/yyyy)		
Location Where Property was Destroyed				
Street Address	City	Parish	State	ZIP

Calculation of State Sales Tax Refund Due				
		R-1362D, Column A 4% tax rate	R-1329D, Column B 5% tax rate	TOTAL (Column A + B)
1	Total cost of destroyed property from attached Form(s) R-1362D	\$	\$	\$
2	Reimbursement of destroyed property			
2a	Reimbursement from insurance – <i>actual or anticipated</i> <input type="checkbox"/> Check box if destroyed property was not covered by insurance.	(\$)	(\$)	(\$)
2b	Reimbursement from employer or disaster relief agencies <input type="checkbox"/> Check box if you were denied reimbursement from an employer. <input type="checkbox"/> Check box if you were denied reimbursement from any disaster relief agencies, including FEMA.	(\$)	(\$)	(\$)
2c	Total reimbursement – <i>Add Lines 2a and 2b for Columns A and B.</i>	(\$)	(\$)	(\$)
3	Total unreimbursed property loss – <i>Subtract Line 2C from Line 1 for Columns A and B.</i>	\$	\$	\$
4	State sales tax rate	4%	5%	
5	State sales tax computation – <i>Multiply Line 3 by the sales tax rates found on Line 4 for Columns A and B.</i>	\$	\$	
6	Total state sales tax refund requested. Add Line 5, Columns A and B.			\$

