



LOUISIANA
DEPARTMENT of REVENUE

**Digital Nomad Exemption Application and
Certification of Exemption Amount**
Louisiana Revised Statute R.S. 47:297.16

Submit completed applications to
DigitalNomadExemption@La.gov
during application period of
February 1 through March 31.

Applicant Information

First Name		Middle	Last Name	
Year applying for	Social Security Number		If you are seeking recertification for the second year, list first year of certification	
Address				
Unit Type			Unit Number	
City			State	ZIP

Residency Information

Date you established residency in Louisiana (mm/dd/yyyy)		Name of the state you were a resident of prior to Louisiana		
Physical Location Address in Louisiana				
Unit Type			Unit Number	
City			State	ZIP

Employment Information

Number of days working remotely this year in Louisiana	Date you started working remotely in Louisiana	Date you last worked remotely in Louisiana	Average number of hours worked per week
Name of Employer			
Occupation and Job Title			
Employment status (check one)			
<input type="checkbox"/> Full-time employee of a business based outside Louisiana, with the option to work remotely <input type="checkbox"/> Part-time employee of a business based outside Louisiana, with the option to work remotely			
If you had other employment during the year, complete the following for each job. (Attach a list if additional space is needed.)			
Name of Employer (1)		Start Date of employment (mm/dd/yyyy)	End Date of employment (mm/dd/yyyy)
Occupation	Job Title		Average number of hours worked per week
Name of Employer (2)		Start Date of employment (mm/dd/yyyy)	End Date of employment (mm/dd/yyyy)
Occupation	Job Title		Average number of hours worked per week
Name of Employer (3)		Start Date of employment (mm/dd/yyyy)	End Date of employment (mm/dd/yyyy)
Occupation	Job Title		Average number of hours worked per week



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Documents that must be attached to this application are:

1. A copy of the applicant’s remote work agreement.
2. A copy of W-2 for year for which application is submitted.
3. A copy of first and last pay stub from employer for year for which application is submitted.
4. A copy of first and last pay stub from employer for the dates that you worked remotely for year for which application is submitted.
5. A copy of your Louisiana driver’s license and voter registration card.

Applicant Certification	
Under penalties of perjury, I declare that I have examined this application and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.	
Print Name _____	
Email Address _____	Phone Number _____
Signature _____	Date (mm/dd/yyyy) _____

FOR OFFICIAL USE ONLY	
Approved Not Approved because: _____	Date Application Received (mm/dd/yyyy) _____
Signature of Department Representative _____	Exemption _____ of 500

FOR OFFICIAL USE ONLY: Certification of Exemption Amount			
	Total Wages	For Remote Work	Limitation on Remote Work
Gross wages from remote work <i>(Limited to \$150,000)</i>			
Deductions from gross wages			
Taxable wages from remote work			
Amount Approved for Exemption <i>(Report this amount on IT-540 or IT-540B using code 29E.)</i>			