

**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 _____					<b>Total Number of Areas that Received Damage</b>
1	Total amount of unreimbursed property loss from Form R-1362S, Line 3, Total Column.				\$
2	Total amount of <b>state</b> 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	<b>Total state sales tax refund requested. Add Line 5, Columns A and B.</b>			\$

**NATURAL DISASTER CLAIM FOR REFUND**  
Schedule of Tangible Personal  
Property Destroyed by a Natural Disaster

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

The following are examples of tangible personal property that would be eligible for the **state** sales tax refund:

1. Furniture, Rugs, Utensils, etc.
2. TV, Camera, Toys, Exercise Equipment, etc.
3. Clothing, Linens, etc.
4. Other Household Items (*Books, Decorations, Lawn Mowers, etc.*)

The following items are **not** eligible for state sales tax refunds:

1. Food
2. Real immovable property, such as houses, buildings, central heating and cooling systems, lighting fixtures, lavatories, dishwashers, water heaters, hot tubs and spas, and wall-to-wall carpeting.
3. Titled assets such as automobiles or all terrain vehicles (ATV).
4. Boats, water or snow skis, golfing or tennis equipment or other recreation equipment generally used away from the home.

To support your claim, attach a copy of the declaration page of your homeowner's or renter's insurance policy and a copy of the insurance adjuster's report that documents the damage and claim reimbursement amounts. If you did not have insurance, attach all available purchase receipts for the destroyed items and any documentation of reimbursement from FEMA or other disaster relief sources. Attach copies of any letter from insurance copy, FEMA, or other disaster relief agencies showing denial of reimbursement.

Description of Property Destroyed	Date of Purchase (mm/dd/yyyy)	COLUMN A	COLUMN B
		Original Cost of Property Purchased PRIOR TO APRIL 1, 2016	Original cost of Property Purchased ON or AFTER APRIL 1, 2016
<b>Total Property Cost</b> (Total columns A and B.)			

If more space is needed, additional copies of this form may be used.