

Refund Claim 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) 237-6762 Email: STP.support@LA.GOV

Name of Deceased Taxpayer		Date of Request	
Deceased Taxpayer's Social Security Number	Name of Estate		
Deceased Taxpayer's Date of Death	Name of Executor		

I,	hereby certify that I am the of the	ڊ
(Print name to be listed on the re-issued check)	(Relationship or other capacity)	

deceased taxpayer, or the executor of his/her estate, and hereby make a request as the claimant to be refunded the income taxes overpaid by or on behalf of the decedent. I am including a legible copy of his/her death certificate with this document.

Note: A copy of the death certificate must accompany this document, unless the taxpayer's filing status is married filing jointly. The original death certificate is not required.

A court-appointed or certified representative must attach a copy of their court certificate verifying their appointment.

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 or TIN					
Mailing Address of Claimant	Phone Number					
City	State	ZIP				

PAID PREPARER USE ONLY	Print Preparer's Name		Preparer's Signature	Date (mm/dd/yyyy)	Check 🗌 if Self employed
	Firm's Name ►			Firm's EIN 🕨	
	Firm's Address >			Telephone ≻	

