



**LOUISIANA**  
DEPARTMENT of REVENUE

**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  
(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 over-  
paid 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

<b>PAID PREPARER USE ONLY</b>	Print Preparer's Name		Preparer's Signature	Date (mm/dd/yyyy)	Check <input type="checkbox"/> if Self employed
	Firm's Name ▶			Firm's EIN ▶	
	Firm's Address ▶			Telephone ▶	

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PTIN, FEIN, or LDR account  
number of paid preparer