

Digital Nomad Exemption Application and Certification of Exemption Amount Louisiana Revised Statute 47:297.18

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

Please complete the application and attach all required documentation. An application shall not be considered complete until all information requested by the department has been received.

Applicant Information					
First Name		Middle	Last Name		
Year Applying For	Social Security Number		If you are seeking recertification fo	or the s	econd year, list first year of certification:
Address					
Unit Type			Unit Number		
City			St	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

Name of Employer					
Occupation and Job Title					
Start Date of Employment (mm/dd/yyyy)	End Date of Employment (mm/dd/yyyy)	Average Number of Hours Worked per Week			
Date You Started Working Remotely in Louisiana	Date You Last Worked Remotely in Louisiana	Number of Days Working Remotely This Year in Louisiana			
Employment Status (Check one.)	·				
Full-time employee of a business based outside Louisiana with the option to work remotely					
Part-time employee of a business based outside Louisiana with the option to work remotely					
Full or part-time employee of a business based inside Louisiana					
Full or part-time employee of a business based outside Louisiana with no option to work remotely					
I, the applicant, has verified with my employer that my employer is not filing tax returns with the Louisiana Department of Revenue.					

Note: If you had more than one employer for the year, please complete page 2. You may make additional copies of page 2.



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Employment Information #2				
Name of Employer		Occupation and Job Title		
Start Date of Employment (mm/dd/yyyy)	End Date of Employment	(mm/dd/yyyy)	Average Number of Hours Worked per Week	
Date You Started Working Remotely in Louisiana	Date You Last Worked Remotely in Louisiana		Number of Days Working Remotely This Year in Louisiana	
Employment Status (Check one)				
Full-time employee of a business based outside Louisiana with the option to work remotely				
Part-time employee of a business based outside Louisiana with the option to work remotely				
Full or part-time employee of a business based inside Louisiana				
Full or part-time employee of a business based outside Louisiana with no option to work remotely				
I, the applicant, has verified with my employer that my employer is not filing tax returns with the Louisiana Department of Revenue.				

Employment Information #3				
Name of Employer		Occupation and Job Title		
Start Date of Employment (mm/dd/yyyy)	End Date of Employment (mm/dd/yyyy)		Average Number of Hours Worked Per Week	
Date You Started Working Remotely in Louisiana	Date You Last Worked Remotely in Louisiana		Number of Days Working Remotely This Year in Louisiana	
Employment status (Check one.)				
□ Full-time employee of a business based outside Louisiana with the option to work remotely				
Part-time employee of a business based outside Louisiana with the option to work remotely				
Full or part-time employee of a business based inside Louisiana				
Full or part-time employee of a business based outside Louisiana with no option to work remotely				
I, the applicant, has verified with my employer that my employer is not filing tax returns with the Louisiana Department of Revenue.				

Employment Information #4				
Name of Employer		Occupation and Job Title		
Start Date of Employment (mm/dd/yyyy)	End Date of Employment (mm/dd/yyyy)	Average Number of Hours Worked Per Week	
Date You Started Working Remotely in Louisiana	Date You Last Worked Remotely in Louisiana		Number of Days Working Remotely This Year in Louisiana	
Employment Status (Check one.)				
□ Full-time employee of a business based outside Louisiana with the option to work remotely				
Part-time employee of a business based outside Louisiana with the option to work remotely				
Full or part-time employee of a business based inside Louisiana				
Full or part-time employee of a business based outside Louisiana with no option to work remotely				
I, the applicant, has verified with my employer that my employer is not filing tax returns with the Louisiana Department of Revenue.				



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Documents that must be attached to this application are the following:

- 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
- 6. A copy of either Federal Form 1095-A or 1095-C as documentation of major medical health insurance coverage for year for which application is submitted
- 7. If your employer uses a professional employer organization (PEO) or similar organization for payroll administration, you must attach a letter from your employer on company letterhead stating when they first employed someone in Louisiana and whether that person was a remote worker.

If you were previously approved and are applying for your second year, the following documents must be attached to this application:

- 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 either Federal Form 1095-A or 1095-C as documentation of major medical health insurance coverage for year for which application is submitted

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.

Name	I am a nonresident service member of the Armed Forces	I am a spouse of a nonresident service member of the Armed Forces of the USA.	
Email Address	Phone Number		
Signature	Date (mm/dd/yyyy)		

FOR OFFICIAL USE ONLY					
Application Rece	Application Received Date (mm/dd/yyyy)				
	Reason for Denial:				
	Employer does not qualify as a nonresident business	Does not work remotely fu	Does not work remotely full-time		
Approved	Residency established prior to December 31, 2021	Not enrolled or insured by a	Not enrolled or insured by a major medical health insurance provider		
	Louisiana tax return received during prior year three y	ears Application received after	March 31 deadline		
	Other:				
	Certification of Exemption Amount				
Signature of Dep	partment Representative	Exemption number of 500	Date (mm/dd/yyyy)		
Total Gross \	Nages				
Gross Wages from Remote Work					
50% Limitation on Gross Remote Wages					
	emption Amount Form IT-540 or IT-540B using code 29E.)				