



LOUISIANA
DEPARTMENT of REVENUE

**Digital Nomad Exemption Application and
Certification of Exemption Amount**
Louisiana Revised Statute R.S. 47:297.18

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

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)				
<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 <input type="checkbox"/> Full or part-time employee of a business based inside Louisiana <input type="checkbox"/> Full or part-time employee of a business based outside Louisiana, with no option to work remotely				
<input type="checkbox"/> I, the applicant, has verified with my employer that my employer is not filing tax returns with LDR.				

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



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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 (<i>check one</i>)			
<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 <input type="checkbox"/> Full or part-time employee of a business based inside Louisiana <input type="checkbox"/> Full or part-time employee of a business based outside Louisiana, with no option to work remotely			
<input type="checkbox"/> I, the applicant, has verified with my employer that my employer is not filing tax returns with LDR.			

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 (<i>check one</i>)			
<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 <input type="checkbox"/> Full or part-time employee of a business based inside Louisiana <input type="checkbox"/> Full or part-time employee of a business based outside Louisiana, with no option to work remotely			
<input type="checkbox"/> I, the applicant, has verified with my employer that my employer is not filing tax returns with LDR.			

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 (<i>check one</i>)			
<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 <input type="checkbox"/> Full or part-time employee of a business based inside Louisiana <input type="checkbox"/> Full or part-time employee of a business based outside Louisiana, with no option to work remotely			
<input type="checkbox"/> I, the applicant, has verified with my employer that my employer is not filing tax returns with LDR.			



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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.
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, 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 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.		
Print Name	I am a nonresident service member of the Armed Forces of the USA. <input type="checkbox"/>	I am a spouse of a nonresident service member of the Armed Forces of the USA. <input type="checkbox"/>
Email Address	Phone Number	
Signature	Date (mm/dd/yyyy)	

FOR OFFICIAL USE ONLY	
<input type="checkbox"/> Approved <input type="checkbox"/> 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
Taxable wages from remote work			
Amount Approved for Exemption (Report this amount on IT-540 or IT-540B using code 29E.)			