



LOUISIANA
DEPARTMENT of REVENUE

**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 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 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)			
<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 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.)			
<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 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.)			
<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 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 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)	

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Application Received Date (mm/dd/yyyy)

<input type="checkbox"/> Approved	Reason for Denial:	
	<input type="checkbox"/> Employer does not qualify as a nonresident business	<input type="checkbox"/> Does not work remotely full-time
	<input type="checkbox"/> Residency established prior to December 31, 2021	<input type="checkbox"/> Not enrolled or insured by a major medical health insurance provider
	<input type="checkbox"/> Louisiana tax return received during prior year three years	<input type="checkbox"/> Application received after March 31 deadline
	<input type="checkbox"/> Other: _____	

Certification of Exemption Amount

Signature of Department Representative	Exemption number ____ of 500	Date (mm/dd/yyyy)
Total Gross Wages		
Gross Wages from Remote Work		
50% Limitation on Gross Remote Wages		
Approved Exemption Amount (Enter total on Form IT-540 or IT-540B using code 29E.)		