

LaMATS

Louisiana Municipal Advisory & Technical Services Bureau

Form 478
Insurance Premium Tax
Tax Year: 2009 License Year: 2010
Annual Municipal Premium & Tax Report

Remittance Address:
 LaMATS
 PO Box 830725
 Birmingham, AL 35283-0725

Phone (800) 996-9573 Fax (205) 423-4099

*Specifies New LaMATS Participant

Support: ipt@lamats.net Online Filing Available: www.iptaxonline.com

Company		NAIC:	
Mailing Address			
Contact Person		Direct Telephone Number	
Email		FEIN #	
Please assist us in updating our records. Please specify the type of insurance coverage provided under the above referenced NAIC: <input type="checkbox"/> Life <input type="checkbox"/> Fire / Casualty <input type="checkbox"/> Risk <input type="checkbox"/> Title <input type="checkbox"/> Misc <input type="checkbox"/> Other			

Check here if there is no income to report. Sworn statement must be signed and dated at the bottom of the form.

Muni Code	Municipality	Premiums	Municipal Tax Liability
10	Abbeville		
30	Addis		
40	Albany		
60	Amite		
65	Anacoco		
68	Angie		
70	Arcadia		
95	Ashland		
100	Baker		
110	Baldwin		
115	Ball		
120	Basile		
125	Baskin		
130	Bastrop		
160	Bernice		
170	Berwick		
180	Blanchard		
190	Bogalusa*		
195	Bonita		
220	Breaux Bridge		
240	Bunkie		
270	Campti		
271	Cankton		
272	Carencro		
274	Castor		
276	Central		
280	Chatham		
290	Church Point		
307	Clarks		
310	Clinton		
340	Collinston		
345	Converse		
350	Cottonport		
360	Coushatta		
370	Covington		
390	Cullen		
410	Delhi		
420	Denham Springs		
430	DeQuincy		
444	Dixie inn		
448	Dodson		
464	Dubberly		
465	Duson		

Muni Code	Municipality	Premiums	Municipal Tax Liability
485	Epps		
493	Eros		
510	Eunice		
540	Fenton		
560	Florien		
564	Folsom		
567	Fordoche		
568	Forest		
584	Franklinton		
586	French Settlement		
590	Georgetown*		
600	Gibsland		
610	Gilbert		
620	Glenmora		
630	Golden Meadow		
640	Gonzales		
650	Grambling		
665	Grand Cane		
670	Grand Coteau*		
680	Grand Isle		
690	Grayson		
710	Gretna		
720	Grosse Tete		
730	Gueydan		
731	Hall Summit		
765	Haughton		
770	Haynesville		
780	Heflin		
810	Homer		
820	Hornbeck		
840	Iberia Parish		
870	Iota		
880	Iowa		
900	Jeanerette		
902	Jean Lafitte		
940	Jonesboro		
945	Junction City*		
950	Kaplan		
976	Killian		
980	Kinder		
985	Krotz Springs		
1000	Lake Arthur		
1030	Leesville		

Muni Code	Municipality	Premiums	Municipal Tax Liability
1054	Lisbon		
1080	Lockport		
1081	Logansport		
1085	Longstreet		
1090	Loreauville		
1100	Lutcher		
1130	Mangham		
1140	Mansfield		
1150	Mansura		
1160	Many		
1161	Maringouin		
1165	Marion		
1172	Maurice		
1174	Melville		
1180	Mer Rouge		
1190	Minden		
1220	Mooringsport		
1270	Napoleonville		
1310	New Llano		
1320	New Orleans		
1330	New Roads		
1331	Noble*		
1342	Norwood		
1350	Oakdale		
1360	Oak Grove		
1364	Oak Ridge		
1370	Oberlin		
1390	Opelousas		
1392	Palmetto		
1393	Parks		
1395	Patterson		
1400	Pineville		
1405	Pioneer		
1410	Plain Dealing		
1420	Plaquemine		
1422	Plaucheville		
1430	Pleasant Hill		
1437	Pollock		
1440	Ponchatoula		
1450	Port Barre		
1451	Port Vincent		
1460	Rayne		
1470	Rayville		
1477	Reeves		

Muni Code	Municipality	Premiums	Municipal Tax Liability
1483	Richmond		
1485	Ridgecrest		
1490	Ringgold		
1495	Rodessa		
1500	Rosedale		
1510	Roseland		
1520	Rosepine		
1530	Ruston		
1540	Sarepta		
1545	Scott		
1560	Sibley		
1567	Sikes		
1572	Slaughter		
1598	Spearsville		
1610	Springhill		
1640	St. Francisville		
1645	St. Gabriel		
1670	St. Martinville		
1671	St Mary Parish*		
1675	Sterlington*		
1677	Stonewall		
1680	Sulphur		
1690	Sun		
1700	Sunset		
1710	Tallulah*		
1731	Tickfaw		
1750	Vinton		
1770	Walker		
1771	Washington		
1790	Webster Parish		
1800	Welsh		
1810	Westlake		
1830	Westwego		
1845	Wilson*		
1860	Winnsboro		
1865	Wisner		
1867	Woodworth		
1870	Youngsville		
1875	Zachary		
1880	Zwolle		

Total Premiums Reported \$ _____

Total Taxes Due \$ _____

Total Check Amount \$ _____

(Make checks payable to: LaMATS)

Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Preparer's Signature _____ Date _____

Print Preparer's Name _____ Preparer's Title _____

Preparer's Telephone Number _____ Preparer's Email Address _____

1/3 Eligible?

Proof of documentation must be attached. For questions regarding this requirement, please contact LaMATS Customer Service at (800) 996-9573 or by emailing Support at ipt@lamats.net.