



Frontline Workers COVID-19 Hazard Pay Rebate Application

Frontline Workers COVID-19 Hazard Pay Rebate Program

Administered by the Louisiana Department of Revenue

FrontLineWorkers.la.gov

Online Application

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Eligibility

Act 12 of the 2020 First Extraordinary Session of the Louisiana Legislature enacted Revised Statute 51:1787(K), which provides a one-time hazard pay rebate of \$250 to essential critical infrastructure workers. See Revenue Information Bulletin 20-012 for more information.

Eligibility Criteria



Must be a resident of Louisiana.



Must have been employed in at least one of the essential critical infrastructure sector jobs on or after March 11, 2020.



Must have been required to provide in-person services outside of the worker's residence substantially dedicated to responding to or mitigating the COVID-19 public health emergency for at least 200 hours during the period from March 22, 2020, through May 14, 2020. To qualify as in-person services, you must have been in contact with customers, patients, or the general public. Call center personnel or individuals whose job is conducted exclusively over a phone or utilizing other virtual methods are not eligible for the rebate.



Must have reported an adjusted gross income of \$50,000 or less on a 2019 Louisiana individual income tax return. If your 2019 return has not been filed, you must have reported an adjusted gross income of \$50,000 or less on your 2018 Louisiana individual income tax return if you were required to file.

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Details

Required Information

The following information and documents will assist you in completing this application.

-  Social Security Number or IRS Individual Taxpayer Identification Number ("ITIN")
-  Mailing Address, State of Residence, Parish of Residence
-  Email Address and Phone Number
-  A copy of your 2019 or 2018 Louisiana Individual Income Tax Return, if filed.
-  Employer Name and Address
-  Pay Stubs for March 22 to May 14, 2020 Pay Periods.
-  Bank Account Information if Direct Deposit Requested.

Survivors of Deceased Frontline Workers


Survivors of workers who qualify for the rebate will need the following information to complete the application.

-  Date of Death, LDR Form R-6642: Statement of Claimant to Refund Due on Behalf of Deceased Taxpayer, Certificate of Death

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Verification

I, the applicant, by checking the boxes below certify that:

1. I am currently a resident of Louisiana. Yes No
2. I filed a 2019 Louisiana individual income tax return. Yes No
3. I filed a 2018 Louisiana individual income tax return. Yes No
4. I was not required to file a 2019 or 2018 return because: (Select reason below) Yes No
 - I am a dependent of someone else and did not earn income in 2019 or 2018.
 - I was not a resident of Louisiana. I moved to Louisiana on 
 - I was not required to file because my gross income was below the requirement to file a federal and Louisiana individual income tax return.
 - Other (please explain):
5. My adjusted gross income was \$50,000 or less as reported on my 2019 Louisiana individual income tax return. If I have not yet filed a 2019 Louisiana individual income tax return, my adjusted gross income was \$50,000 or less as reported on my 2018 Louisiana individual income tax return. Yes No
6. On or after March 11, 2020, I was employed in an essential critical infrastructure section job. Yes No

***At least one entry is required.**

	Job/Position	Description

7. From March 22, 2020, through May 14, 2020, I was required by my employer to provide in-person services in Louisiana. Yes No
8. I performed these in-person services outside of my residence and it was substantially dedicated to responding to or mitigating the COVID-19 public health emergency for at least 200 hours. Yes No

Employer

List your employer(s) and either your position title or a description of the work performed below. To receive your rebate faster, attach copies of your pay stubs to your application.

***At least one entry is required.**

		Name of Employer	Address or Location of Employer	Position Title or Description:

If you are self-employed, list your client's name and address along with description of the services provided. Attach an explanation of how your services were substantially dedicated to responding to or mitigating the COVID-19 public health emergency.

	Description	Name

Attach Pay Stub

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Direct Deposit

Would you like your rebate to be directly deposited in your account? If this is your first time filing with the Department of Revenue, your rebate cannot be directly deposited.

 Yes No

Will this rebate be forwarded to a financial institution located outside the United States?

 Yes No

Banking Information

Complete the information below to have your rebate directly deposited in your account. Your nine digit routing number appears under the memo line of your check; your bank account number will appear to the right of your routing number. The name of the applicant must be the name on the bank account.

Type

 Checking Savings

Routing Number

Account Number

4. Deceased Person

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8. Paid Preparer

9. Review

10. Signature

Signature

Under penalties of perjury and the recapture of the rebate issued, I declare that I have examined this application and any accompanying schedules, statements, or other attachments, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

By entering my name below, I agree and consent that the Louisiana Workforce Commission may share data with the Louisiana Department of Revenue for purposes of verifying my employment information including but not limited to (1) employer submitted reports on my wages paid and hours worked and (2) existence and amount of unemployment benefits paid to me. This consent shall be limited to periods between March 11, 2020 and May 22, 2020.

Signature

Frontline Worker

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