

<h1>LOUISIANA</h1> <p>DEPARTMENT of REVENUE</p>	<b>Application to Request Voluntary Disclosure Agreement</b>	
	<b>Mail to:</b> Audit Review & Appeals - VDA P. O. Box 4936 Baton Rouge, LA 70821-4936	<b>Physical Delivery:</b> Audit Review & Appeals - VDA 617 North 3rd St., 7th Floor Baton Rouge, LA 70802 (225) 219-2720 (225) 219-2740 Fax vda.ldr@la.gov

**PLEASE PRINT OR TYPE.**

Representative's Name/ Title			Representative's Telephone Number		
Representative's Firm Name			Representative's Email Address		
Representative's Address			Type of Legal Entity of Applicant		
City	State	ZIP	Tax Type(s) for which a Voluntary Disclosure Agreement is Requested		

**Please answer each question fully. Failure to disclose all relevant information could result in the nullification of an agreement, the loss of a limited look-back period, and the denial of penalty waiver.**

1. Is this application for a company that has been acquired or merged into another company?  Yes  No
  
2. Has the applicant been previously contacted by the Louisiana Department of Revenue regarding these tax types?  Yes  No  
 If yes, please explain the circumstances fully.  


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(Use additional sheets if necessary.)
  
3. Did the applicant collect sales taxes or withhold payroll taxes for Louisiana that were not remitted?  Yes  No  
 If yes, please explain the circumstances fully.  


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(Use additional sheets if necessary.)
  
4. Has the applicant ever been registered in Louisiana for the tax type(s) for which a voluntary disclosure agreement is sought?  
 Yes  No If yes, please explain fully.  


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(Use additional sheets if necessary.)
  
5. Has the applicant ever been assigned a Louisiana revenue account number for any other tax?  Yes  No
  
6. If the applicant is requesting a voluntary disclosure for either but not both sales/use and income/franchise taxes, please explain why one is excluded.  


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(Use additional sheets if necessary.)
  
7. Please describe what actions or events (e.g., court case, statutory changes, solicitation of sales, etc.) alerted the applicant of a filing requirement in Louisiana, including the dates these actions or events occurred.  


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(Use additional sheets if necessary.)

8. Please explain the reasons for the applicant's failure to file and pay taxes in Louisiana on its past activities from the time the above actions or events occurred.

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(Use additional sheets if necessary.)

9. Please describe the business activities of the applicant.

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(Use additional sheets if necessary.)

10. For each tax type for which a voluntary disclosure is requested, please provide an estimate of the total unpaid tax liability and the unpaid tax liability for the look-back period (generally, returns due during the current and three previous calendar years).

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(Use additional sheets if necessary.)

11. Does the applicant have any outstanding tax liabilities for any other tax, or has it been contacted for audit, or presently under audit, for any other tax?     Yes     No

12. Does the applicant have any affiliated entities filing in the state of Louisiana that have been contacted for audit, or are presently under audit?     Yes     No    If yes to either question 11 or 12, please explain.

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(Use additional sheets if necessary.)

13. What is the applicant's year end for filing federal income taxes? (mm/dd) \_\_\_\_\_

14. Does this applicant file as a member of a consolidated group?     Yes     No

15. If the applicant is a partnership or limited liability company, how does it file for federal income tax purposes?

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(Use additional sheets if necessary.)

16. Please provide any other information that you believe will assist us in properly evaluating this request.

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(Use additional sheets if necessary.)

To the best of my knowledge of all available information, this request for a voluntary disclosure agreement is accurate and complete, and any and all pertinent information has been revealed. I understand that any intentional or accidental misrepresentation may result in the nullification of an agreement, the loss of a limited look-back period, and the loss of penalty waiver.

Signature of Representative

X

Date (mm/dd/yyyy)