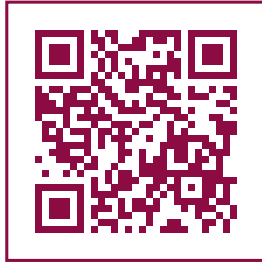


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- Receive immediate confirmation for all transactions



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- Make ACH debit payments with no convenience fee
- Option to schedule payments
- Returns process within 24-48 hours
- **IT'S FREE**

LaTAP
LOUISIANA TAXPAYER ACCESS POINT
<https://latap.revenue.louisiana.gov>

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Application for Louisiana Revenue Account Number

Mail: Louisiana Department of Revenue
P.O. Box 1469
Baton Rouge, LA 70821

Phone: (855) 307-3893
Fax: (225) 219-0806
Email: CentralReg@LA.Gov



Tired of paper? Scan this QR code to visit the LaTAP website where you can register a business, file and pay electronically, and view your account.
https://latap.revenue.louisiana.gov/

SECTION 1 - BUSINESS INFORMATION - REQUIRED

1. Legal Name:
2. Business Trade Name (if applicable):
3. Federal Employer ID (EIN) (if one already exists):
4. Social Security Number (SSN) (If sole proprietor, list SSN.):
5. Business Phone Number:
6. Louisiana Charter Number (if applicable):
7. Date Entity Began Doing Business:
8. Business Email Address:
9. Primary Location of Business:
10. Primary Mailing Address:
11. Reason for Applying:
12. Organization Type:
13. Business Description/Principal Activity:
14. NAICS Code:

SECTION 2 - OWNER/OFFICER INFORMATION - REQUIRED

(Names of Directors, Partners, Officers, or Members; Name of Trustee or Personal Representative; Name of Responsible Party)

15. Name and Title:
16. Social Security Number:
17. Additional Phone Number:
18. Home Address:
19. Name and Title:
20. Social Security Number:
21. Additional Phone Number:
22. Home Address:

SECTION 3 - TAX TYPE SELECTION - SEE INSTRUCTIONS.

Sales/Use Tax
Date business begins operations in Louisiana:
Corporation
Date business begins operations in Louisiana:
Withholding Tax
Date business begins payroll withholding from this location:
Partnership Tax
Date business begins requiring this account:
Fiduciary Tax
Date business begins requiring this account:
Other Tax Types
Date business begins requiring this account:

I affirm that the information contained in each section of this application is true, correct, and complete to the best of my knowledge and belief.

Signature of Applicant

Title

Date (mm/dd/yyyy)

Signature of Preparer

