

Department Representative

## **Request for Compromise of Interest**

Louisiana Department of Revenue

Individual Tax Submission: <u>Income.Tax@LA.gov</u>
Business Tax Submission: <u>Business.Tax@LA.gov</u>

			PLEASE PRINT OR TYPE
Taxpayer Name			LDR Account Number
Email Address			
Тах Туре	Filing Period(s)		Amount of Interest to be compromised
_	omise the amount of interest g apply: e not been paid.	t to be added to the am	tions of Louisiana Administrative Code 61:III.2115.B, a ount of tax due. A request for compromise will NOT be
The taxpayer has had an	-		
The taxpayer, his affiliates	•	•	for the same issue
• •	voluntary disclosure agree	-	
	,	•	
	result of participation in an		
The interest accrued on to	axes that were collected on	benail of the state but	not remitted.
A complete record of all amoun published in the Department's a		naintained by the secre	etary, shall be open to public inspection, and shall be
Request is hereby made to com	promise the amount of inter	est based on the follow	ing reasons:
Under penalty of periury I decl	are all of the facts provided	ahove as a hasis for a	compromise, to the best of my knowledge and belief,
including all accompanying dod	cumentation, are true, correct		complomise, to the best of my knowledge and belief,
Taxpayer's Authorized Representative		Title	
Signature of Authorized Representative		Date (mm/dd/yyy	y)
Authorized Representative's Email A	ddress		
	F00	OFFICIAL HOF ON	
	FOR	OFFICIAL USE ONL	
☐ Approved	☐ Disapproved	Amount of Inter	est Compromised

Approval Date