

Request for Abatement of Interest

Louisiana Department of Revenue P.O. Box 201 Baton Rouge,LA 70821-0201

| , | | | |
|--|--|---|--|
| | ☐ Individual | ☐ Business | |
| | | | PLEASE PRINT OR TYPE |
| Taxpayer Name | | | LDR Account Number |
| Тах Туре | Tax Period(s) | | Amount of Interest to be Abated |
| Email Address | | | |
| Louisiana Revised Statute 47:1601(A)(2)(c) assessment of interest is attributable, in who an official capacity in the performance of a The request to abate the interest will be con involved. | le or in part, to any unre ministerial or manageria | asonable error or de I act as defined in L | elay by the secretary or a designee acting in ouisiana Administrative Code 61:III.2115.A. |
| Request is hereby made for the abatement of | of interest based on the f | ollowing reasons: | |
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| Under penalty of perjury, I declare all of the facts all accompanying documentation, are true, corre | | s for an abatement, to | the best of my knowledge and belief, including |
| Taxpayer's Authorized Representative | Tit | tle | |
| Signature of Authorized Representative | Da | ate (mm/dd/yyyy) | |
| | | | |
| | FOR OFFICIAL | USE ONLY mount of Interest Abated | |
| Approved Disa | pproved | mount of interest Apaleu | |
| Department Representative | Ar | proval Date | |