

Request for Abatement of Interest

Louisiana Department of Revenue Individual Tax Submission: <u>Income.Tax@LA.gov</u> Business Tax Submission: <u>Business.Tax@LA.gov</u>

	☐ Individual	☐ Business	
			PLEASE PRINT OR TYPE
Taxpayer Name			LDR Account Number
Тах Туре	Filing Period(s)		Amount of Interest to be Abated
Email Address			
an official capacity in the performance of a	ministerial or manage nsidered only if no sig	erial act as defined in I nificant part of the err	elay by the secretary or a designee acting in Louisiana Administrative Code 61:III.2115.A. or or delay can be attributed to the taxpayer
accompanying documentation, are true, correct		sis for an abatement, to t	he best of my knowledge and belief, including all
Taxpayer's Authorized Representative		Title	
Signature of Authorized Representative		Date (mm/dd/yyyy)	
Authorized Representative's Email Address			
	FOR OFFICIA	AL USE ONLY	
☐ Approved ☐ Dis	approved	Amount of Interest Abated	
Department Representative		Approval Date	