



**Application for a Direct Deposit  
of a Business Tax Refund**

<b>Legal Name:</b>	
<b>Trade Name:</b>	
<b>Business Address:</b>	<b>Daytime Telephone Number:</b>
<b>City, State, Zip:</b>	
<b>Name of your Financial Institution:</b>	
<b>Bank Account Name:</b>	<b>Type of Account:</b> Checking <input type="checkbox"/> Savings <input type="checkbox"/>
<b>Bank Routing Number:</b>	<b>Bank Account Number:</b>

<input type="checkbox"/> Sales	<b>Account Number:</b>
Filing period(s) (month, year) to be direct deposited: _____	
List your last payment amount and filing period \$ _____ for _____ (month, year)	
<input type="checkbox"/> Withholding	<b>Account Number:</b>
Filing period(s) (month, year) to be direct deposited: _____	
List your last payment amount and filing period \$ _____ for _____ (month, year)	
<input type="checkbox"/> Corporation Income\ Franchise	<b>Account Number:</b>
Tax return(s) (calendar year(s) or fiscal year(s) month, year) to be direct deposited: _____	
List your Louisiana net income before loss and filing period \$ _____ for _____ (year ending, month/year)	
<input type="checkbox"/> Other: _____ <small>(See the list below for the other taxes that can be direct deposited.)</small>	<b>Account Number:</b>
Filing period(s) (month, year) to be direct deposited: _____	
List the amount and form of payment for last filing period: \$ _____ for _____ (month, year) by _____	

OTHER TAXES THAT CAN BE DIRECT DEPOSITED				
Excise Taxes		Severance Taxes	Miscellaneous Taxes	
Beer	Special Fuels Supplier	Gas	Automobile Rental Excise	New Orleans Hotel/Motel (4 column)
Gas Dealer	Special Fuels User	Minerals	IFTA	Statewide Hotel/Motel
Gas Jobber	Tobacco	Oil	New Orleans Exhibition Hall	
Gas Refund	Special Fuels Refund	Timber		

Under penalties of perjury, I (we) declare that the information is true, correct, and complete, to the best of my (our) knowledge.  
I also authorize the Louisiana Department of Revenue to transfer my business tax refund for the taxable year referenced above to the bank account stated above.

\_\_\_\_\_  
Signature of Taxpayer or Taxpayer's Authorized Representative

\_\_\_\_\_  
Date

Please Print or Type Name of Taxpayer or Taxpayer's Authorized Representative

**Request may be mailed or faxed to:** Louisiana Department of Revenue  
Taxpayer Services Division  
Post Office Box 66362  
Baton Rouge, LA 70896-6362  
Fax Number (225) 219-2065

For requests submitted by fax or by mail, include a copy of picture identification (e.g., Louisiana Driver's License) of the person who signs the form if different from the person who signed the tax returns. For additional information, please call the Taxpayer Services Division at (225) 219-7318.