



For LDR Use Only			
Received by			
Name		Division	
Telephone	( )	Date	

**1. Taxpayer Information.** Taxpayer(s) must sign and date this form on Line 7.

Name			Social Security Number(s)		
Address			LA. Revenue Account Number or Federal Employer ID. Number		
City	State	ZIP	Daytime Telephone Number		

**2. Appointee.** If you want to name more than one appointee, attach a list to this form.

Name			Telephone Number	Fax Number
Address			E-mail Address	
City	State	ZIP	Check if new: Address <input type="checkbox"/> Phone No. <input type="checkbox"/> Fax No. <input type="checkbox"/> E-mail Address <input type="checkbox"/>	

**3. Tax Matters.** The appointee is authorized to inspect and/or receive confidential tax information in any office of the Louisiana Department of Revenue for the tax matters listed on this line.

(a)	(b)	(c)	(d)
<b>Type of Tax</b> (Income, Corporation Income & Franchise, Sales & Use, etc.) <b>or Penalty</b>	<b>Tax Form Number</b>	<b>Year(s) or Period(s)</b>	<b>Specific Tax Matters</b> (lien information, balance due amount, or tax liability)

**4. Specific use not recorded on the Power of Attorney Form R-7006.** If the tax information disclosure authorization is for a specific use not recorded on the Power of Attorney, mark this box. If you marked this box, skip Lines 5 and 6. . . . .

**5. Disclosure of tax information** (you **must** mark a box on Line 5A or 5B unless the box on Line 4 is marked):  
 A. If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, mark this box. . . . .   
 B. If you do not want any copies of notices or communications sent to your appointee, mark this box. . . . .

**6. Retention/revocation of tax information disclosure authorizations.** This tax information disclosure authorization automatically revokes all prior authorization for the same tax matters listed on Line 3 unless the box on Line 4 is marked. If you do not want to revoke a prior tax information disclosure authorization, you **must** attach a copy of any authorizations you want to remain in effect **and** mark this box. . . . .

**7. Signature of taxpayer(s).** If a tax matter applies to a joint return, **both** husband and wife must sign.  
 I certify that I have the authority to execute this form with respect to the tax matters/periods on Line 3 above.

**IF NOT SIGNED AND DATED, THIS TAX INFORMATION DISCLOSURE AUTHORIZATION WILL BE RETURNED.**

Signature X	Date (mm/dd/yyyy)	Signature X	Date (mm/dd/yyyy)
Print Name		Print Name	
Title		Title	

