

**Tax Information Disclosure Authorization**

**1. Taxpayer Information — Taxpayer must sign and date this form.**

Name			Social Security Number		
Spouse's Name (if joint return)			Spouse's Social Security Number		
Address			LA Revenue Account Number		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		
Address			Fax Number		
City			State	ZIP	

**3. Tax Matters —** The appointee is authorized to inspect and receive confidential tax information in any office of the Louisiana Department of Revenue for the tax matters listed below.

<b>A</b> Tax Type	<b>B</b> Tax Form Number	<b>C</b> Tax Year or Period	<b>D</b> Specific Tax Matters

**4. Fees**

	<b>A</b> Number of Tax Years or Period	<b>B</b> Fee	<b>C</b> Total Fee Due (Multiply Column A by Column B)
If you are requesting copies of returns listed above:		\$15.00	
If you are requesting CERTIFIED copies of returns listed above:		\$25.00	
<b>Total Amount Due - Add amounts in Column C.</b>			\$
<b>Make Payment To:</b> Louisiana Department of Revenue. Do not send cash. PAY THIS AMOUNT.			

**5. Signature of taxpayer(s).** If a tax matter applies to a joint return, **both** spouses must sign.

I certify that I have the authority to execute this form with respect to the tax matters/periods in Section 3 above.

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

If not signed and dated and payment for copies is not included, this tax information disclosure authorization will be returned.

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

