

LOUISIANA
 DEPARTMENT of REVENUE

Tax Information Disclosure Authorization

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

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.

A Tax Type	B Tax Form Number	C Tax Year or Period	D Specific Tax Matters

4. Fees

	A Number of Tax Years or Period	B Fee	C 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	
Total Amount Due - Add amounts in Column C. Make Payment To: 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	

