Louisiana Department of Revenue Corporation Income/Franchise Tax Declaration for Electronic Filing

2019 LA8453-C

	not file paper copies. This form must be m	-		_	•				
For (calendar year 2019, or tax year beginning	J, 2019	ending		, 202	20	DI E	ASE PRINT OR TYPE	
Nan	ne of Corporation						PLE	ASE PRINT OR TYPE	
Louisiana Revenue Account Number				Federal Employer Identification Number (FEIN)					
Charact Address of Company time			0	0.1			Ctata ZID		
Stre	et Address of Corporation		City				State	ZIP	
	Tay Datum Information (what								
Part 1 - Tax Return Information (whole dollars only)									
1	both columns 1 and 2)	ome & Franchise tax due after Priority 1 Credits (Form CIFT-620, Line 10, the sum of a columns 1 and 2)				1	.00.		
2	Refund (Form CIFT-620, Line 29, column 3)	Form CIFT-620, Line 29, column 3)				2	.00		
3	Total amount due (Form CIFT-620, Line 26,	tal amount due (Form CIFT-620, Line 26, column 3)					.00		
4	amount of payment remitted electronically					4	.00		
Do	rt II - Declaration of Officer (Sign on	lu offen Dowl Lie com	-l-4-d \						
the con Dep of tr	O), transmitter, and/or intermediate service pr Louisiana 2019 Income/2020 Franchise tax re sent to my ERO, transmitter, and/or ISP sendin partment of Revenue. I also consent to the Loui ansmission and an indication of whether or no	turn. To the best of my king the corporation's return siana Department of Revot the corporation's return	nowledge an, this decla venue sendi n is accepted	nd belief, ration, acc ng my ER0 d, and, if re	the corp company O, transr ejected,	oration's ret ing schedule nitter, and/or the reason(s	urn is true, co es, and stater r ISP an acknos) for the rejec	orrect, and complete. I ments to the Louisiana owledgment of receipt ction.	
	I authorize a representative of the Louisia	ana Department of Re	venue to d	liscuss m	ny returr	n and attac	hments with	my preparer.	
Sigr	nature of Officer	Date (mm/dd/yyyy)			Title				
Par	t III - Declaration of Electronic Return	Originator (ERO) and	d Paid Pre	parer					
I de am offic mer Info tion Pre	clare that I have reviewed the above corporationly a collector, I am not responsible for reviewed will have signed this form before I submit that of Revenue, and have followed all other retermation for Authorized IRS E-Providers. If I and is return and accompanying schedules and statement of the collection of the col	on's return and that the eleving the return and only one return. I will give the officuirements in Pub. 3112, an also the Paid Preparer, atements, and to the bes	ntries on LA declare that ficer a copy , IRS E-file , under pena t of my kno	8453-C ar this form a of all form Application	accuratens and in and Parisipary I de erjury I de	ly reflects the formation to articipation, eclare that I	e data on the be filed with and Pub. 416 have examin	return. The corporate the Louisiana Depart- 33, Modernized E-File ed the above corpora-	
	O's Use Only				T		T ===		
ERO'S Signature X		Date (mm/dd/yyyy) Check if also paid preparer Self-		eck if -employed	ERO's SSN or PTIN				
Firm's Name (or yours if self-employed)							FEIN		
City				State	ZIP		Phone Number		
Pai	d Preparer's Use only								
Preparer's Signature Date (mm/dd/yyyy)			Check if self-employed Preparer		's SSN or PTIN				
Firm	o's Name (or yours if self-employed)		•				FEIN		
City				State	ZIP		Phone Number		