



Authorization for Third-Party Access to Louisiana Taxpayer Access Point (LaTAP)

Submit completed form to:
Taxpayer.Accesspoint@la.gov

SECTION 1 — TAXPAYER INFORMATION

Section A - Individual

Your name		Your Social Security Number	
Spouse's name <i>(if a joint return)</i>		Spouse's Social Security No. <i>(if a joint return)</i>	
Street address		City	State ZIP
Unit Type	Unit Number	Foreign Nation if not United States <i>(Do not abbreviate)</i>	
Telephone number		Email address	

Section B - Entity

Entity name		LDR Account Number	FEIN
Street address		City	State ZIP
Unit Type	Unit Number	Foreign Nation if not United States <i>(Do not abbreviate)</i>	
Contact Person	Telephone number	Email address	

SECTION 2 — THIRD-PARTY INFORMATION

Third-party's name		Firm	
Street address		City	State ZIP
Unit Type	Unit Number	Foreign Nation if not United States <i>(Do not abbreviate)</i>	
Telephone number	PTIN	Email address	

SECTION 3 — AUTHORIZATION OF LaTAP ACCESS

Check the box for the account type(s) this authorization covers. The third-party will receive complete access to the account type(s) selected. This authorization is not limited to specific tax matters or periods. This authorization will remain in effect until it is revoked in writing or through LaTAP.

☐ By checking this box this authorization supersedes all prior LaTAP access authorizations.

☐ Individual Income. Complete access to my Individual Income tax account.

☐ Business. Complete access to my Business tax accounts.

☐ Both. Complete access to both my Individual Income and Business tax accounts.

SECTION 4 — TAXPAYER CERTIFICATION AND SIGNATURE

I certify that I am the taxpayer (or that I am authorized to execute this form on behalf of the taxpayer as a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee) and that the information above is true and correct. If taxpayer files a joint return, both spouses must sign.

Taxpayer signature	Date (mm/dd/yyyy)	Spouse signature <i>(if joint return filed)</i>	Date (mm/dd/yyyy)
Signature of authorized officer/fiduciary <i>(if entity)</i>		Title	Date (mm/dd/yyyy)

SECTION 5 — THIRD-PARTY ACKNOWLEDGMENT AND RESPONSIBILITY

I acknowledge that I am receiving access to all accounts in the categories selected in Section 3 for the taxpayer named in Section 1. I am responsible for promptly withdrawing my LaTAP access — in writing or through LaTAP — once I no longer represent the taxpayer.

Third-party signature	Date (mm/dd/yyyy)
-----------------------	-------------------