



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

PLEASE PRINT OR TYPE.

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

Name			Social Security Number	
If joint return. Spouse's Name			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	E-mail Address	

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

If not signed and dated, this tax information disclosure authorization will be returned.

