

## **Power of Attorney Form**

Submit forms to LARemoteSellersCommission@la.gov

## PART I: POWER OF ATTORNEY

Legal Name of Taxpayer Entity

Taxpayer must sign and date this form on page 2

Street Address

City

State ZIP

Federal ID Number or Remote Sellers Account No.

I appoint the following representative as my true and lawful agent and attorney-in-fact to represent me before the Louisiana Sales and Use Tax Commission for Remote Sellers. The representative is authorized to receive and inspect confidential information concerning my tax matters, and to perform any and all acts that I can perform with respect to my tax matters, unless noted below. Modes of communication for requesting and receiving information may include telephone, e-mail, or fax. The authority does not include the power to receive refund checks, the power to substitute another representative, the power to add additional representatives, or the power to execute a request for disclosure of tax returns or return information to a third party.

Representative must sign and date this form on page 2, Part II.

**Representative Name** 

Firm

Street Address

City

E-mail Address

State

Zip

Phone Number

Acts Authorized. Indicate the time period below that you authorize the representative to perform any and all acts on your behalf, including the authority to sign tax returns, with respect only to the sales and use tax matters:

Year(s) or Period(s)

DELETIONS. Mark or list any specific deletions to the acts otherwise authorized in this power of attorney.

Sign the return(s) for the above tax matters.

Execute an agreement to suspend prescription of tax.

File a protest to a proposed assessment.

Execute offers in compromise or settlements of tax liability.

Represent the taxpayer before the Commission in any proceeding, including protest hearings.

Obtain a private letter ruling on behalf of the taxpayer.

Other prohibited acts. (List prohibited acts.)

NOTICES AND COMMUNICATIONS. Original notices and other written communications will be sent only to you, the taxpayer. Your representative may request and receive information by telephone or e-mail. Upon request, the representative may be provided with a copy of a notice or communication sent to you. If you want the representative to request and receive a copy of notices and communications sent to you, check this box.

SIGNATURE OF TAXPAYER. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I declare under penalties of pejury that I have the authority to execute this form on behalf of the taxpayer.

IF THIS POWER OF ATTORNEY IS NOT SIGNED AND DATED, IT WILL BE RETURNED.

Signature of Duly Authorized Representative		Date	
Printed Name of Duly Authorized Representative	Title		Date

## Part II. DECLARATION OF REPRESENTATIVE

Under penalties of perjury, I declare that:

- I am not currently under suspension of or disbarment from practice before the Internal Revenue Service or Louisiana Department of Revenue.
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matters specified there; and
- I am one of the following (insert the letter in table below)
  - A. Attorney—a member in good standing of the highest court of the jurisdiction shown below.
  - B. Certified Public Accountant—duly qualified to practice as a certified public accountant in the jurisdiction shown below.
  - C. Enrolled Agent—a person enrolled to practice before the Internal Revenue Service.
  - D. Officer—a bona fide officer of the taxpayer organization.
  - E. Employee—an employee of the taxpayer.
  - F. Other (state the relationship, i.e., bookkeeper or friend)

## IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THIS POWER OF ATTORNEY FORM IS INVALID AND WILL BE REJECTED AND RETURNED.

Designation Insert above letter (A-H)

State Issuing license

State License Number

Signature

Date