

POWER OF ATTORNEY

(Please Print)

State of _____

Parish/County of _____

Your Name

Social Security or EIN & Parish Taxpayer Account #

_____ / _____

Name of Business

Your Title

Street Address

Mark one:

Original – Your first power of attorney authorizing this agent and attorney-in-fact

City/State/Zip

Amend – Changes an existing power of attorney for (name) _____

Expiration Date _____

Month/Day/Year

Cancel/Revoke – Cancels a previously filed power of attorney for (name) _____

I/we hereby make, name, constitute and appoint _____

Agent and attorney-in-fact

Mailing Address

City/State/Zip

Telephone/Fax/Email

my/our true and lawful agent and attorney-in-fact for me/us and in my/our name, place, and stead to receive and inspect confidential tax information and to perform any and all acts, including signing a tax return, that this taxpayer can perform with respect to the taxes and taxable year(s) or period(s) set forth below. The authorizations granted above apply to the following taxes/licenses/permits/fees:

(Check all that apply)

- Sales and Use Taxes
- Hotel/Motel Occupancy Taxes
- Occupational License Taxes
- Insurance Premium Taxes
- Alcohol Beverage Permit Fees
- Chain Store Permit Fees
- Charitable Gaming License Fees

for the taxable year(s) or period(s) _____

The agent and attorney-in-fact shall be authorized to receive copies of notices and communications from Taxing Authority upon request. The taxpayer will receive the original notices and written communications. The authority does not include the power to receive and to sign refund checks or the power to substitute another representative unless specifically added below.

List any specific additions or deletions to the acts otherwise authorized in this power of attorney.

The filing of this Power of Attorney with the Taxing Authority revokes all earlier Power(s) of Attorney on file for the same taxes and taxable year(s) or period(s) covered by this document.

By signing this Power of Attorney as a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service.
- I am one of the following:
 - Attorney – a member in good standing of the highest court where authorized to practice law. _____
Bar #
 - Certified Public Accountant – duly qualified to practice as a certified public accountant in the state where authorized to practice public accounting. _____
License #
 - Enrolled Agent – a person enrolled to practice before the Internal Revenue Service. _____
License #
 - Officer/Partner/Member/Manager – a bona fide representative of the taxpayer corporation, partnership, LLC, LLP, or other legal entity).
 - Employee – an employee of the taxpayer.
 - Family Member – a member of the taxpayer’s immediate family (state relationship, i.e., spouse, parent, child, brother or sister). _____
 - Other (state the relationship, i.e., bookkeeper, friend, etc.). _____

Thus sworn to and subscribed before me, Notary, in the presence of the undersigned two witnesses, who personally came and appeared, on this _____ day of _____, 20 _____.

Taxpayer’s Signature
(Sole Proprietor)

Signature of duly authorized representative Title
(Corporation, Partnership, LLC, LLP, etc.)

Signature of Witness

Signature of Witness

NOTARY PUBLIC # _____