

Power of Attorney and Declaration of Representative

Jefferson Parish Sheriff's Office Bureau of Revenue and Taxation

PART I. POWER(S) OF ATTORNEY

DATE: _____

(Please type or print)
Taxpayer Name or Name of Entity: _____
Corporate officer, partner or fiduciary, if a business: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Jefferson Parish Tax Account Number(s): _____

I/we appoint the following representative(s) as my/our true and lawful agent and attorney-in-fact to represent me/us before the Jefferson Parish Sheriff's Office Bureau of Revenue and Taxation. The representative is authorized to receive and inspect confidential information concerning my/our tax matters, and to perform any and all acts that I/we can perform with respect to my/our 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.**

Name(1): _____	Firm Name: _____
Email: _____	Telephone: _____ Designation Code: _____
Name(2): _____	Firm Name: _____
Email: _____	Telephone: _____ Designation Code: _____
Name(3): _____	Firm Name: _____
Email: _____	Telephone: _____ Designation Code: _____

Designation Codes:

A	B	C	D	E	F	G	H
Attorney	Certified Public Accountant	Enrolled Agent	Officer/Member/Partner	Employee of Taxpayer	Consultant	Family Member	Other

DECLARATION OF REPRESENTATIVE(S)

Under penalties of perjury, I declare that:

- I am authorized to represent the taxpayer(s) identified in Part I for the tax matters specified hereon.
- If one of the following, I attest that I:
 - A. Attorney—am a member in good standing of the highest court where authorized to practice law.
 - B. Certified Public Accountant—am duly qualified to practice in the state where authorized to practice public accounting.
 - C. Enrolled Agent—am not currently under suspension or disbarment from practice before the Internal Revenue Service.
 - D. Officer/ Member/Partner—a bona fide representative officer of the taxpayer organization.
 - E. Employee—a current employee of the taxpayer.
 - F. Consultant—an authorized representative of the taxpayer.
 - G. Family Member—a member of the taxpayer's immediate family (spouse, parent, child, brother, or sister).
 - H. Other (describe)—_____.

Printed Name of Representative (1)	Signature or Representative (1)	Date
Printed Name of Representative (2)	Signature or Representative (2)	Date
Printed Name of Representative (3)	Signature or Representative (3)	Date

IF THIS DECLARATION OF REPRESENTATIVE(S) IS NOT PROPERLY EXECUTED, SIGNED AND DATED, IT WILL BE RETURNED.

Please mail original to: Bureau of Revenue and Taxation, 1233 Westbank Expressway, Building B, Room 415, Harvey, LA 70058

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PART II. AUTHORIZATION

The filing of this Power(s) of Attorney with the Sheriff and Ex-Officio Tax Collector of Jefferson Parish revokes all earlier Power(s) of Attorney on file for the same taxes and taxable period(s) or year(s) covered by this document.

ACTS AUTHORIZED. Mark only the boxes that apply. By marking the boxes, you authorize the representative(s) to perform any and all acts on your behalf, including the authority to sign tax returns, with respect only to the indicated tax matters:

TYPE OF TAX

- Sales / Use Tax Occupational License Tax Chain Store Tax Insurance Premium Tax
 Occupancy Tax Alcohol Beverage Permit Other (specify): _____

TAX PERIODS/YEARS

- All Tax Periods/Years Specific Tax Periods/Years: _____

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 settlements of tax liability.
 Represent the taxpayer before the department in any proceeding, including protest hearings.
 Obtain a private letter ruling on behalf of the taxpayer.
 Other prohibited acts (specify): _____

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, e-mail or fax. 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** .

EXPIRATION. This Power(s) of Attorney shall remain in effect for a period of one (1) year from the date of signing unless specifically stated below:

This Power(s) of Attorney shall remain in effect until the _____ day of _____, _____.

Printed Name of Grantor

Signature of Grantor

SIGNATURE OF TAXPAYER(S). If signed by a corporate officer, a corporate resolution granting authority to execute this form on behalf of the taxpayer must be attached to execute this Power of Attorney(s).

Signature of Taxpayer

Date

Signature of duly authorized representative, if Taxpayer is a corporation, LLC, partnership, executor or administrator

Title

Date

Sworn to and subscribed before me this _____ day of _____, _____.

Notary

LA Notary Number

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