

# 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 as my/our true and lawful agent and attorney-in-fact to represent me 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: \_\_\_\_\_

Firm: \_\_\_\_\_

Street address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**ACTS AUTHORIZED.** Mark only the boxes that apply. By marking the boxes, 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 indicated tax matters:

### TYPE OF TAX

Sales and Use Tax	Occupational License Tax	Chain Store Tax	Insurance Premium Tax
Occupancy Tax	Alcoholic 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): \_\_\_\_\_

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.

# Power of Attorney and Declaration of Representative

## Jefferson Parish Sheriff's Office Bureau of Revenue and Taxation

**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).

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

\_\_\_\_\_  
Taxpayer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of duly authorized representative, if taxpayer is a corporation, LLC, partnership, executor or administrator

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

### **Part II. DECLARATION OF REPRESENTATIVE**

**Under penalties of perjury, I declare that:**

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service.
- 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: (**check applicable box below**)

Attorney—a member in good standing of the highest court where authorized to practice law.

Certified Public Accountant—duly qualified to practice in the state where authorized to practice public accounting.

Officer/Partner/Member/Manager—a bona fide representative officer of the taxpayer organization.

Employee—an employee of the taxpayer.

Family Member—a member of the taxpayer's immediate family (state the relationship, i.e., spouse, parent, child, brother, or sister):

\_\_\_\_\_

Other (state the relationship, i.e., bookkeeper, friend, etc.): \_\_\_\_\_

**IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED.**

\_\_\_\_\_  
Printed Name of Representative

\_\_\_\_\_  
Signature of Representative

\_\_\_\_\_  
Date

**Sworn to and subscribed**

Before me this \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary

\_\_\_\_\_  
LA Notary Number

**Mail original to:  
Bureau of Revenue and Taxation  
P.O. Box 248, Gretna, LA 70054**