

Department Representative

## **Request for Compromise of Interest**

Louisiana Department of Revenue P. O. Box 66658 Baton Rouge, LA 70896-6658

		PLEASE PRINT OR TYPE.
Taxpayer Name		Louisiana Revenue Account ID Number
Тах Туре	Tax Period(s)	Amount of Interest to be compromised
		the conditions of Louisiana Administrative Code 61:III.2115.B, a to the amount of tax due. A request for compromise will NOT be
<ul> <li>All outstanding taxes have not been p</li> </ul>	aid.	
There is a binding judicial decision reg	garding the issue.	
<ul> <li>The taxpayer has had any interest cor</li> </ul>	mpromised in the last five ye	ars.
The taxpayer, his affiliates or related e	entities have had interest cor	npromised for the same issue.
The taxpayer is party to a voluntary di	sclosure agreement for the	same period.
The interest accrued as a result of part	rticipation in an abusive tax	avoidance transaction.
The interest accrued on taxes that we	re collected on behalf of the	state but not remitted.
Request is hereby made to compromise the		
Under penalty of perjury, I declare all of the including all accompanying documentation,		asis for a compromise, to the best of my knowledge and belief, lete.
Taxpayer's Authorized Representative	Title	
Signature of Authorized Representative		e (mm/dd/yyyy)
	FOR OFFICIAL U	SE ONLY
☐ Approved ☐ Disa	approved	ount of Interest Compromised

Approval Date