



Power of Attorney and Declaration of Representative

Mail to:
Louisiana Department of Revenue
Revenue Processing Center
Special Tax Programs Unit
P.O. Box 201
Baton Rouge, La 70821-0201
For Questions:
Phone: (855) 307-3893

PART I. POWER OF ATTORNEY

Taxpayer(s) must sign and date this form below.

PLEASE TYPE OR PRINT

Your Name or Name of Entity	Spouse's Name, if a joint return <i>(or corporate officer, partner or fiduciary, if a business)</i>		
Street Address	City	State	ZIP
Social Security/Louisiana or Federal ID Number	Spouse's Social Security Number <i>(if a joint return)</i>		

I/we appoint the following representative as my/our true and lawful agent and attorney-in-fact to represent me/us before the Louisiana Department of Revenue. 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.**

Representative must sign and date this form on page 3, Part II.

Name Sunny Hudson/Alma Stewart/Yusra Gulfan			
Firm Acumen Fiscal Agent LLC			
Street Address 5416 E Baseline Rd Ste 200	City Mesa	State AZ	ZIP 85206
Telephone Number (623) 792-6100	Fax number (480) 371-2241		
E-mail Address tax-la@acumen2.net			

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.**

Signature of Taxpayer(s). If a tax matter concerns a joint return, both husband and wife must sign if joint representation is requested. If signed by 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.

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

Taxpayer signature	Date (mm/dd/yyyy)
Spouse signature	Date (mm/dd/yyyy)
Signature of duly authorized representative, if the taxpayer is a corporation, partnership, executor, or administrator	Title
Date (mm/dd/yyyy)	



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:

Tax Type	Year(s) or Period(s)	Tax Type	Year(s) or Period(s)
<input type="checkbox"/> Audit - Motor Vehicle Sales	_____	<input type="checkbox"/> FT-Interstate Motor Fuel User	_____
<input type="checkbox"/> Audit - Natural Gas Franchise	_____	<input type="checkbox"/> FT-Motor Fuel Backup Tax	_____
<input type="checkbox"/> Automobile Rental	_____	<input type="checkbox"/> FT-Motor Fuel Floor Stock Tax	_____
<input type="checkbox"/> Corporation Income & Franchise	_____	<input type="checkbox"/> FT-Motor Fuel Transporter	_____
<input type="checkbox"/> Consumable Hemp Products	_____	<input type="checkbox"/> FT-Supplier	_____
<input type="checkbox"/> Direct Marketer	_____	<input type="checkbox"/> FT-Terminal Operator	_____
<input type="checkbox"/> Electric Co-op	_____	<input type="checkbox"/> IFTA	_____
<input type="checkbox"/> Ernest N. Morial Convention Center Service Contractor Tax	_____	<input type="checkbox"/> IFTA Jurisdiction	_____
<input type="checkbox"/> Excise - Alcohol	_____	<input type="checkbox"/> Individual Income	_____
<input type="checkbox"/> Excise - Beer	_____	<input type="checkbox"/> Natural Gas Franchise	_____
<input type="checkbox"/> Excise - Dyed Diesel Violation	_____	<input type="checkbox"/> New Orleans Exhibition Hall	_____
<input type="checkbox"/> Excise - Gas Dealer	_____	<input type="checkbox"/> NO Hotel/Motel (4 col)	_____
<input type="checkbox"/> Excise - Gas Jobber	_____	<input type="checkbox"/> Oil Spill Contingency Fee	_____
<input type="checkbox"/> Excise - HZ Waste	_____	<input type="checkbox"/> Oilfield Site Restoration Oil	_____
<input type="checkbox"/> Excise - Inspection/Sup.	_____	<input type="checkbox"/> Oilfield Site Restoration Gas	_____
<input type="checkbox"/> Excise - SF Decal	_____	<input type="checkbox"/> Partnership	_____
<input type="checkbox"/> Excise - SF Supplier	_____	<input type="checkbox"/> Sales	_____
<input type="checkbox"/> Excise - Telecommunication	_____	<input type="checkbox"/> Sales Prepaid Cell Phone	_____
<input type="checkbox"/> Excise - Tobacco (retired)	_____	<input type="checkbox"/> Severance - Gas	_____
<input type="checkbox"/> Excise - Tobacco Returns	_____	<input type="checkbox"/> Severance - Minerals	_____
<input type="checkbox"/> Excise - Tobacco Stamps	_____	<input type="checkbox"/> Severance - Oil	_____
<input type="checkbox"/> Excise - Trans/Comm.	_____	<input type="checkbox"/> Severance - Timber	_____
<input type="checkbox"/> Excise - Vapor Retailers	_____	<input type="checkbox"/> Special Fuels	_____
<input type="checkbox"/> Excise - Wine DS	_____	<input type="checkbox"/> Statewide Hotel/Motel	_____
<input type="checkbox"/> Fiduciary	_____	<input type="checkbox"/> Surface Mining	_____
<input type="checkbox"/> FT-Aviation Fuel Dealer	_____	<input type="checkbox"/> Tour Tax	_____
<input type="checkbox"/> FT-Diesel Refund	_____	<input type="checkbox"/> Transportation Network Fee	_____
<input type="checkbox"/> FT-Distrib./Export/Blender	_____	<input checked="" type="checkbox"/> Withholding	2025-2030
<input type="checkbox"/> FT-Gas Refund	_____	<input type="checkbox"/> Withholding Non-emp. Cmp	_____
<input type="checkbox"/> FT-Importer	_____	<input type="checkbox"/> Other	_____

DELETIONS. Mark or list any of the following actions that you do NOT authorize your representative to complete on your behalf.

- | | |
|---|---|
| <input type="checkbox"/> Sign the return(s) for the above tax matters. | <input checked="" type="checkbox"/> Obtain a private letter ruling on behalf of the taxpayer. |
| <input type="checkbox"/> Execute an agreement to suspend prescription of tax. | <input checked="" type="checkbox"/> Other prohibited acts (<i>List prohibited acts.</i>) |
| <input type="checkbox"/> File a protest to a proposed assessment. | _____ |
| <input type="checkbox"/> Execute offers in compromise or settlements of tax liability. | _____ |
| <input checked="" type="checkbox"/> Represent the taxpayer before the department in any proceeding, including protest hearings. | _____ |



Part II. DECLARATION OF REPRESENTATIVE

Under penalties of perjury, I declare the following:

- 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.
- I am one of the following: *(Insert applicable 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. Family Member—a member of the taxpayer’s immediate family *(State the relationship, i.e., spouse, parent, child, brother, or sister.)*

- g. Other *(State the relationship, i.e., bookkeeper or friend.)* _____
- h. Former Louisiana Department of Revenue Employee — As a representative, I cannot accept representation in a matter with which I had direct involvement while I was a public employee.

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

Designation-Insert Above Letter (a-h)	State Issuing License	State License Number	Signature	Date (mm/dd/yyyy)

