



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/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	Date (mm/dd/yyyy)
Title	



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

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

☐ Sign the return(s) for the above tax matters.	☒ Obtain a private letter ruling on behalf of the taxpayer.
☐ Execute an agreement to suspend prescription of tax.	☒ Other prohibited acts (<i>List prohibited acts.</i>)
☐ File a protest to a proposed assessment.	
☐ Execute offers in compromise or settlements of tax liability.	
☒ 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.)*
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- 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 <i>(mm/dd/yyyy)</i>

