**REQUEST FOR WAIVER OF PENALTIES**

Taxpayer _____

Account number _____

Tax _____

Period(s) _____

Type of Penalty: ☐ Delinquent Penalty ☐ Negligence Penalty ☐ Audit Fees ☐ _____

I hereby assert that the delinquency in filing the subject return and/or paying the subject tax was not due to my intent to violate the law, but was due to the following reason(s):

_____

_____

_____

_____

_____

Pursuant to the provisions of Louisiana Revised Statute 47:337.71 and based on the causes described in the preceding paragraph, request is hereby made that the penalties of $_____incurred under the provisions of R. S. 47:337.70 be waived.

Under the penalty of perjury, I declare all of the facts alleged above as a basis for reasonable cause, to the best of my knowledge and belief, including all accompanying documentation, are true, correct, and complete.

Taxpayer Signature

Date _____/_____/_____ _____

_____

(OFFICAL TITLE IF ACTING FOR A CORPORATION)

_____

Approved By (Parish Official)