



CALCASIEU PARISH SCHOOL BOARD
SALES & USE TAX DEPARTMENT
Power of Attorney and Declaration of Representative

PLEASE TYPE OR PRINT.

State of _____

Parish/County of _____

Your name or Name of Entity

Social Security/Louisiana or Federal ID Number

Spouse's name, if joint (or corporate officer, partner or fiduciary, if a business)

Spouse's Social Security Number (if a joint return)

Street Address

Mark one:
[] Original - your first power of attorney authorizing this act
[] Amend - changes an existing power of attorney for

City/State/ZIP

(Name)
[] Cancel/Revoke - cancels a previously filed power of attorney for

Expiration Date _____
(Month/Day/Year)

(Name)
(Name)

I/we appoint the following as my/our true and lawful agent and attorney-in-fact to represent me/us before the Calcasieu Parish School Board Sales/Use Tax Department. The agent and attorney-in-fact is authorized to provide and receive confidential and non-confidential information concerning my/our local sales/use taxes, and to perform any and all acts that I/we can perform with respect to my/our tax matters, unless noted below.

Table with 3 columns: Name #1, Name #2, Name #3. Rows include Name of Firm, Street Address, City/State/ZIP, Telephone Number, Fax Number, and Email Address.

Unless noted, the agent and attorney-in-fact is authorized to perform any and all acts that you can perform with respect to your tax matters, including the authority to sign tax returns. If you want to limit the agent and attorney-in-fact's authority to specific tax types, periods, and/or duties, you must indicate the types of authority below.

Three horizontal lines for specifying authority limitations.

The agent and attorney-in-fact does not have the power to: (Mark only the items below you do not wish to grant.)

- Execute agreement to suspend prescription of tax.
- File a protest to a proposed assessment.
- Execute offers in compromise or settlement 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.
- Perform other acts. (Explain.) _____

The agent and attorney-in-fact shall be authorized to receive copies of notices and communications from the Calcasieu Parish School Board Sales/Use Tax Department upon request. The taxpayer will continue to be mailed the original notices and written communications.

The filing of this Power of Attorney automatically revokes all earlier Power(s) of Attorney on file with the Calcasieu Parish School Board Sales/Use Tax Department for the same tax matters and years or periods covered by this document. If you do not want to revoke or cancel the authority of an agent and attorney-in-fact, mark here . You must attach a copy of any Power of Attorney you want to remain in effect. If this Power of Attorney is not signed and dated by all parties, it will be returned.

By signing this Power of Attorney as 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 matter concerns a joint return filed by a husband and wife, both must sign if joint representation is requested.

Taxpayer Signature	Date
Spouse Signature	Date
Signature of duly authorized representative, if the taxpayer is a corporation, partnership, executor or administrator	Date
_____	Title

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service or the Louisiana State Bar Association.
- I am one of the following:
 - a. Attorney – a member in good standing in the jurisdiction licensed to practice.
 - b. Certified Public Accountant – duly qualified to practice as a certified public accountant.
 - 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) _____.

Designation-Insert Applicable Letter (a.-g.)	Jurisdiction and Enrollment/ Bar Number, if applicable	Signature	Date

Thus Sworn to and Subscribed Before Me, Notary, in the presence of the undersigned two witnesses, who personally came and appeared, on this _____ day of _____, 20_____.

Signature of Witness	Notary
Print Witness Name	Print name of Notary and Notary Number
Signature of Witness	
Print Witness Name	