

**PARISH OF CALCASIEU
SALES & USE TAX DEPARTMENT
P.O. Drawer 2050
Lake Charles, LA 70602-2050
337-217-4280 FAX 337-217-4281**

REQUEST FOR WAIVER OF PENALTIES FOR DELINQUENCY

Taxpayer _____

Account Number _____

Tax _____

Period(s) _____

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 causes described in the preceding paragraph, request is hereby made that the penalties of \$ _____ incurred under the provision 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.

Signature _____

Date _____

(OFFICIAL TITLE IF ACTING FOR A CORPORATION)