

**PART I. POWER OF ATTORNEY**

**Taxpayer(s) must sign and date this form on page 2.**

**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 2, Part II.**

Name Stephanie Mendez		
Firm OnPay Tax Disbursement, LLC		
Street Address 675 PONCE DE LEON AVE NE, STE W207		
City Atlanta	State GA	ZIP 30308
Telephone Number ( 877 ) 328-6505		
Fax number ( )		
E-mail Address tax@onpay.com		

**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"/> Individual income tax	_____	<input type="checkbox"/> Sales and use tax	_____
<input type="checkbox"/> Corporate income/franchise tax	_____	<input type="checkbox"/> Withholding tax	2025-2050
<input type="checkbox"/> Special Fuels tax	_____	<input type="checkbox"/> Gasoline tax	_____
<input type="checkbox"/> Tobacco tax	_____	<input type="checkbox"/> Other <i>(Please specify.)</i>	_____

**DELETIONS.** Mark or list any specific deletions to the acts otherwise authorized in this power of attorney.

- Sign the return(s) for the above tax matters.
- Execute an agreement to suspend prescription of tax.
- 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.
- Obtain a private letter ruling on behalf of the taxpayer.
- Other prohibited acts. *(List prohibited acts.)* \_\_\_\_\_

**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.**

**REVOCAION OF PRIOR POWER(S) OF ATTORNEY.** Except for *Power(s) of Attorney and Declaration of Representative(s)* filed on Form R-7006 (1/11), the filing of this Power of Attorney automatically revokes all earlier Power(s) of Attorney on file with the Louisiana Department of Revenue for the same tax matters and years or periods covered by this document.

**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

**Part II. DECLARATION OF REPRESENTATIVE**

**Under penalties of perjury, I declare that:**

- 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; and
- 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)* Qualified Agency - Payroll Service

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)
G				