

CITY OF NEW ORLEANS/ DEPARTMENT OF FINANCE /BUREAU OF REVENUE

Waiver Request Form

Unit: _____

Agent: _____

Business Name:		Please Check Tax Type(s) <input type="radio"/> Sales/ Use Tax <input type="radio"/> Parking Tax <input type="radio"/> Hotel Sales Tax <input type="radio"/> Hotel Privilege Tax <input type="radio"/> Occupational License Tax <input type="radio"/> Mayoralty Permit Fee <input type="radio"/> Alcoholic Beverage Permit Fee <input type="radio"/> Other
Address:		
City, State Zip:		
Account Number:		
Taxpayer Name:	Date:	
Phone:	E-Mail Address:	

In accordance with 150-151(b) of the Code of the City of New Orleans, I attest that the delinquency/underpayment of the following tax(s) and/or fee(s) was not due to any intent to violate the law, or to avoid payment, but was due to the following reason(s):

Tax Period(s):			
	Tax Liability	Amount Paid	Waiver Requested
Tax Due			
Interest			
Penalty			
Negligence Fees			
Audit Cost			
Other(List):			
Total			

Further in accordance with R.S. 47:337.52 of the Uniform Tax Code and 150-117 of the Code of the City of New Orleans the taxpayer hereby waives restrictions and delays prescribed in section 150-112 through 150-116 of the Code of the City of New Orleans and R.S. 47:337.48 and R.S. 47:337.51 of the Uniform Tax Code.

I solemnly swear that the above information is true and correct to the best of my knowledge.

 Taxpayer Signature _____
Date

For Office Use Only:			
Manager:	Date	Approved/Denied	Amount
Reason(s) For Recommendation:			
Assistant Collector of Revenue:	Date	Approved/Denied	Amount
Collector of Revenue:	Date	Approved/Denied	Amount
Director of Finance or Designee:	Date	Approved/Denied	Amount