

ST. CHARLES PARISH
Sales Tax Department

ST. CHARLES PARISH PUBLIC SCHOOLS
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REQUEST FOR WAIVER OF PENALTIES

Taxpayer _____

Account number _____

Tax _____

Period(s) _____

Type of Penalty: _____ Delinquent Penalty _____ Negligent Penalty _____ Audit Fees _____ Other

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 specific reason(s):

Pursuant to the provisions of Louisiana Revised Statute 47:337:71 and based on the causes determined 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.

Date ____/____/____

(OFFICIAL TITLE IF ACTING FOR A CORPORATION)

____ Approved _____ Denied

Paula Jeansonne
Director of Tax Collections

Date ____/____/____