R-1012 (8/11)

Direct Payment Authorization For Call Centers Application

Louisiana R.S. 47:301(14)(ii(ii)(cc)(III)

Mail applications to:
Louisiana Department of Revenue
Special Programs Division
P.O. Box 66362
Baton Rouge, LA 70821-6362
(225) 219-7462 Option 3 • (TDD)(225) 219-2114
FAX: (225) 219-6236

PLEASE PRINT OR TYPE.

Legal Name	LDR Business Master File Account Number							–			

Trade Name		
Mailing Address		
City	State	ZIP

Location Address(es) *(Attach additional pages if necessary.)*

Location 1: street address	City	State	ZIP
Location 2: street address	City	State	ZIP
Location 3: street address	City	State	ZIP

Describe the principal income producing activity of your business

List the names, addresses, and Business Master File Account Numbers of your subsidiaries that operate as call centers in Louisiana. *(Add additional pages if necessary.)*

Subsidiary Name	Louisiana Revenue Account Number		
Location address	City	State	ZIP
Subsidiary Name	Louisiana Revenue Account Number		
Location address	City	State	ZIP
Subsidiary Name	Louisiana Revenue Account Number		
Location address	City	State	ZIP

Authorized Officer (please print)	Title	
Signature	Date *(mm/dd/yyyy)*	Telephone