

**NOTICE:** The person alleging fraud must execute the affidavit in the presence of the Notary Public.

State of	Parish/County of
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1. I am first duly sworn and state I am:

Taxpayer's First Name	Middle Int.	Last Name	Taxpayer's SSN
Mailing Address			Email Address
City		State	ZIP
Primary Telephone Number		Taxpayer's Telephone Number	

2. I state that the Louisiana Department of Revenue refund deposit listed below was not authorized by me and was fraudulently deposited as described below without my knowledge or authorization.

Bank where the refund was deposited	Bank account where the refund was deposited	Deposit Date	Deposit Amount
Taxpayer's Bank		Taxpayer's Bank Account No.	

3. I state that I did not receive any part of the proceeds of this deposit, directly or indirectly, and that this affidavit is made voluntarily for the purpose of establishing the fact that the deposit was made fraudulently without my knowledge or authorization.

4. Do you know who fraudulently deposited the refund?

- No.
- Yes. If yes, provide details.

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5. I understand this fraud is subject to investigation by local, state and federal law enforcement agencies and that I may be required to comply with a court order or subpoena to give testimony.

6. I understand making a false sworn statement is subject to federal and state statutes and may be punishable by fines and/or by imprisonment.

Thus Sworn to and Subscribed Before Me, Notary, in the presence of the undersigned two witnesses, who personally came and appeared, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Taxpayer's Signature

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Enter Witness Name

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Enter Witness Name

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Enter name of Notary and Notary Number  
**(Must include seal)**