CITY OF NEW ORLEANS
DEPARTMENT OF FINANCE / BUREAU OF REVENUE

REQUEST FOR WAIVER OF PENALTY

Business Name:	Please Check Tax Type
Address:	o Sales / Use Tax
	o Parking Tax
City, State Zip:	o Hotel Sales Tax
Account Number:	o Hotel Privilege Tax
Contact Person:	o Occupational License Tax
	o Mayoralty Permit Fee
Phone: E-Mail Address:	o Alcoholic Beverage Permit Fee
	o Other

Hearing Type (check one): o **Appear in Person** o **Write In**

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

_____

_____

_____

For the above reason(s), I request that the fees accruing by virtue of said tax liability be waived in the amount of:_____.

Penalty	$	Negligence Fee	$	Audit Cost	$

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.

Sworn to and subscribed before me in the city of _____, state of _____,

this _____ day of _____, 20___.

_____

Notary (affix seal)

For office use only:

Bureau of Revenue Recommendation:	Approval	Disapproval	**Decision of Tax Review Committee**	Approved	Disapproved
Penalty			Penalty		
Neg. Fees			Neg. Fees		
Audit Cost			Audit Cost		
Comments			Signature Dept. of Finance Representative	Date	
Authorized Signature			Signature Law Department Representative	Date	
Date			Signature C.A.O. Representative	Date	