

Form 3103.A  
Exhibit A  
Appeal to Louisiana Tax Commission  
By Property Owner/Taxpayer or Assessor  
For Real and Personal Property

La. Tax Commission  
P. O. Box 66788  
Baton Rouge, LA 70896  
(225) 219-0339

Name: \_\_\_\_\_ Parish/District: \_\_\_\_\_  
Property Owner/Taxpayer/Assessor

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Ward: \_\_\_\_\_ Assess./Tax Bill No.: \_\_\_\_\_ Appeal No.: \_\_\_\_\_  
Address or Legal Description of Property Being Appealed. Also, please identify building by place of business for convenience of appraisal. \_\_\_\_\_  
\_\_\_\_\_

I hereby appeal the decision of the Board of Review on the assessment of the above described property pursuant to La. R.S. 47:1992, La. R.S. 47:1989 and the rules of the Louisiana Tax Commission. I timely filed my appeal as required by law.

Date of Board of Review Determination: \_\_\_\_\_  
"You are required to include a copy of the Board of Review Determination with this Appeal Form"

The Fair Market Value by the assessor was:

Land \$ \_\_\_\_\_ Improvement \$ \_\_\_\_\_ \* Personal Property \$ \_\_\_\_\_  
Total \$ \_\_\_\_\_

The Fair Market Value determined by the Board of Review was:

Land \$ \_\_\_\_\_ Improvement \$ \_\_\_\_\_ \* Personal Property \$ \_\_\_\_\_  
Total \$ \_\_\_\_\_

The Fair Market Value should be:

Land \$ \_\_\_\_\_ Improvement \$ \_\_\_\_\_ \* Personal Property \$ \_\_\_\_\_  
Total \$ \_\_\_\_\_

\* If you are not appealing personal property, leave this section blank.

Note: If you disagree with the Board of Review's determination, you must file an appeal. The appeal of a decision of the Board of Review by one party is not an appeal of that decision from the other party. To protect your rights, if you disagree with the determination of the Board of Review, you should file an appeal to the Louisiana Tax Commission challenging the Board of Review's determination regardless of whether or not the other party has appealed that decision.

Applicant: \_\_\_\_\_ (Property Owner/Taxpayer/Assessor)  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone No.: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Date of Appeal: \_\_\_\_\_  
Today's Date: \_\_\_\_\_

This form must be completed in its entirety. The failure to complete the form, in its entirety, or failure to attach a copy of the Board of Review Determination may result in summary dismissal at the discretion of the Tax Commission.

PLEASE NOTE: Any documents or other evidence submitted to the assessor and/or the Board of Review must be refiled/resubmitted to the Louisiana Tax Commission.

Form 3103.B  
Exhibit B  
Power of Attorney

PLEASE TYPE OR PRINT

Taxpayer(s) must sign and date this form on page 2.

I. TAXPAYER:

Your Name or Name of Entity: \_\_\_\_\_

Street Address, City, State, ZIP: \_\_\_\_\_

I/we appoint the following representative as my/our true and lawful agent and attorney-in-fact to represent me/us before the Louisiana Tax Commission. The representative is authorized to receive and inspect confidential information concerning my/our tax matters, and to perform any and all acts that I/we can perform with respect to my/our tax matters, unless noted below. Modes of communication for requesting and receiving information may include telephone, e-mail, or fax. The authority does not include the power to receive refund checks, the power to substitute another representative, the power to add additional representatives, or the power to execute a request for disclosure of tax information to a third party.

Representative must sign and date this form on page 2.

II. AUTHORIZED REPRESENTATIVE:

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

Fax Number: (\_\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

III. SCOPE OF AUTHORIZED APPOINTMENT:

Acts Authorized. Mark only the boxes that apply. By marking the boxes, you authorize the representative to perform any and all acts on your behalf, including the authority to sign tax returns, with respect only to the indicated tax matters:

A. Duration:  
\_\_\_\_\_ Tax Year \_\_\_\_\_ (Days, Months, etc.) \_\_\_\_\_ Until Revoked

- B. Agent Authority:
1. \_\_\_\_\_ General powers granted to represent taxpayer in all matters.
  2. \_\_\_\_\_ Specified powers as listed.
    - (a.) \_\_\_\_\_ File notices of protest and present protests before the Louisiana Tax Commission.
    - (b.) \_\_\_\_\_ Receive confidential information filed by taxpayer.
    - (c.) \_\_\_\_\_ Negotiate and resolve disputed tax matters without further authorization
    - (d.) \_\_\_\_\_ Represent taxpayer during appeal process.

C. Properties Authorized to Represent:

1. \_\_\_\_\_ All property.
2. \_\_\_\_\_ The following property only (give assessment number and municipal address or legal description).

\_\_\_\_\_  
\_\_\_\_\_  
Additional properties should be contained on separate page

NOTICES AND COMMUNICATIONS. Original notices and other written communications will be sent only to you, the taxpayer. Your representative may request and receive information by telephone, e-mail, or fax. Upon request, the representative may be provided with a copy of a notice or communication sent to you. If you want the representative to request or receive a copy of notices and communications sent to you, check this box.

REVOCAION OF PRIOR POWER(S) OF ATTORNEY. Except for Power(s) of Attorney and Declaration of Representative(s) filed on this Form, the filing of this Power of Attorney automatically revokes all earlier Power(s) of Attorney on file with the Louisiana Tax Commission for the same tax matters and years or periods covered by this document.

SIGNATURE OF TAXPAYER(S). If a tax matter concerns jointly owned property, all owners must sign if joint representation is requested. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

IF THIS POWER OF ATTORNEY IS NOT SIGNED AND DATED, IT WILL BE RETURNED.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Spouse/Other Owner signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Signature of duly authorized representative, if the taxpayer title is a corporation, partnership, executor, or administrator

\_\_\_\_\_  
Date (mm/dd/yyyy)

IV. DECLARATION OF REPRESENTATIVE:

Under penalties of perjury, I declare that:

1. I am authorized to represent the taxpayer identified above and to represent that taxpayer as set forth in Part III specified herein;
2. I have read and am familiar with all the rules and regulations promulgated by the commission;
3. I have fully complied with all rules adopted by the commission regarding professional conduct and ethical considerations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED.