

**CITY OF NEW ORLEANS
DEPARTMENT OF FINANCE / BUREAU OF REVENUE**

REQUEST FOR WAIVER OF PENALTY

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

To: Tax Review Committee:

Business Name: _____ Acct. No.: _____

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(es) or fee(s):

- | | |
|--|---|
| <input type="radio"/> Sales/Use Tax | <input type="radio"/> Hotel Privilege Tax |
| <input type="radio"/> Parking Tax | <input type="radio"/> Hotel Sales Tax |
| <input type="radio"/> Amusement Tax | <input type="radio"/> Occupational License Tax |
| <input type="radio"/> Mayoralty Permit Fee | <input type="radio"/> Alcohol Beverage Permit Fee |
| <input type="radio"/> Other: _____ | |

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:	\$	_____
Audit Cost:	\$	_____
Negligence Fee:	\$	_____

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__.

Business Name

Signature of owner, partner or authorized officer

Account Number

Title

Notary

Unit Request Submitted by: _____

RECOMMENDATION OF REVENUE COLLECTION SUPERVISOR:

The request on the reverse side of this form has been reviewed by the undersigned and the recommendation is:

- | | |
|--|---|
| <input type="radio"/> For approval in the amount of: | <input type="radio"/> For disapproval in the amount of: |
| Penalty: \$ _____ | Penalty: \$ _____ |
| Negligence Fee: \$ _____ | Negligence Fee: \$ _____ |

Comments: _____

_____ Date _____ Signature of Revenue Collection Supervisor

RECOMMENDATION OF ASSISTANT COLLECTOR OR FINANCIAL OPERATIONS MANAGER:

The request on the reverse side of this form has been reviewed by the undersigned and the recommendation is:

- | | |
|--|---|
| <input type="radio"/> For approval in the amount of: | <input type="radio"/> For disapproval in the amount of: |
| Penalty: \$ _____ | Penalty: \$ _____ |
| Negligence Fee: \$ _____ | Negligence Fee: \$ _____ |

Comments: _____

_____ Date _____ Signature of Assistant Collector or Financial Operations Manager

RECOMMENDATION OF COLLECTOR OF REVENUE:

The request on the reverse side of this form has been reviewed by the undersigned and the recommendation is:

- | | |
|--|---|
| <input type="radio"/> For approval in the amount of: | <input type="radio"/> For disapproval in the amount of: |
| Penalty: \$ _____ | Penalty: \$ _____ |
| Negligence Fee: \$ _____ | Negligence Fee: \$ _____ |

Comments: _____

_____ Date _____ Signature Collector of Revenue

DECISION OF THE TAX REVIEW COMMITTEE:

The request on the reverse side of this form has been reviewed by the undersigned and has been

- | | |
|--|---|
| <input type="radio"/> Approved in the amount of: | <input type="radio"/> Disapproved in the amount of: |
| Penalty: \$ _____ | Penalty: \$ _____ |
| Negligence Fee: \$ _____ | Negligence Fee: \$ _____ |

Comments: _____

_____ Date _____ Signature of Department of Finance Representative

_____ Date _____ Signature of City Attorney Representative

_____ Date _____ Signature of Chief Administrative Office Representative

