

Affidavit of Refund Check Endorsement Forgery for a Single Filing Status

NOTICE: The person alleging forgery must sign their name 5 times in longhand and the affidavit must be executed in the presence of the Notary Public.

| State of | Parish/County of |
|----------|------------------|
| | |
| | |

1. I am first duly sworn and state I am:

| Taxpayer's First Name | Middle Init. | Last Name | | Taxpayer's SSN |
|--------------------------|--------------|----------------------------|-------|----------------|
| | | | | |
| Mailing Address | | | | Email Address |
| | | | | |
| City | | | State | ZIP |
| | | | | |
| Primary Telephone Number | | Secondary Telephone Number | | · |
| | | | | |

2. I state that the endorsement on the Louisiana Department of Revenue refund check listed below was not written or authorized by me and is a forgery as evidenced by the signing of my signature below.

| Bank that check was drawn on | Check Number | Check Date | Check Amount |
|------------------------------|--------------|------------|--------------|
|------------------------------|--------------|------------|--------------|

Sign your name five times:

| 3. | I state that I did not receive any part of the proceeds of this check, directly or indirectly, and that this affidavit is made voluntarily for |
|----|--|
| | the purpose of establishing the fact that the endorsement on the check is a forgery. |

4. Do you know who forged the endorsement?

 \bigcirc No.

- \bigcirc Yes. If yes, provide details and copies of anything that supports your accusation.
- 5. I understand this forgery 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 may be punishable by fines and/or by imprisonment pursuant to federal and state laws.

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

Notary

Signature of witness

Enter name of Notary and Notary Number (Must include seal)

Enter witness name

Signature of witness

Enter witness name