## Louisiana Department of Revenue Corporation Income/Franchise Tax Declaration for Electronic Filing

**2011** LA8453-C

Do n	ot file paper copies. This form is to be ma	aintained by ERO.							
For o	calendar year 2011, or tax year beginning	y, 2011,	ending _		, 2012				
							PLE	ASE PRINT OR TYPE	
Nan	ne of Corporation								
Louisiana Revenue Account Number			Federal Employer Identification Number (FEIN)						
Stre	et Address of Corporation		City				State	ZIP	
Par	t 1 - Tax Return Information (whole doll	ars only)							
1	Income & Franchise tax due (Form CIFT-620, Line 14)				1		.00		
2	Less Refundable Credits (Form CIFT-620, add Lines 15 & 15A)				2	.00			
3	Refund (Form CIFT-620, Line 18)						.00		
4	Total amount due (Form CIFT-620, Line 25)				4		.00		
5	Amount of payment remitted electronical	ally					.00		
Par	t II - Declaration of Officer (Sign only af	ter Part I is completed.)							
cor this Dep	the corresponding lines of the Louisian poration's return is true, correct, and condectation, accompanying schedules, coartment of Revenue sending my ERO, to either or not the corporation's return is accompanying schedules.	omplete. I consent to and statements to the transmitter, and/or ISP	my ERO, Louisiana an ackno	transmitt Departr wledgme	ter, and/or ISI ment of Rever ent of receipt of	P sen nue. I	ding the dalso cons	corporation's return, ent to the Louisiana	
	☐ I authorize a representative of the Louisiana Department of Revenue to discuss my return and attachments with my preparer.								
Signature of Officer X		Date (mm/dd/yyyy)			Title	Title			
I de my the and file Pre stat all i	et III - Declaration of Electronic Return eclare that I have reviewed the above corknowledge. If I am only a collector, I am data on the return. The corporate office of information to be filed with the Louisian Application and Participation, and Pub. Aparer, under penalties of perjury I declaratements, and to the best of my knowledgen formation of which I have any knowledgen	poration's return and the not responsible for revival have signed this for no Department of Reverting Hospital E-Fi re that I have examine and belief, they are true	nat the enviewing them before enue, and le Information de the abo	tries on I e return a I submit have foll ation for A	and only decla the return. I w owed all othe Authorized IRS ration's return	are tha ill give r requ S E-Pa and	at this forre the office irements iroviders. I accompar	n accurately reflects or a copy of all forms n Pub. 3112, IRS E- f I am also the Paid lying schedules and	
	D's Use Only	<b>D</b> 1 ( ) ( )	1_					L DTIN	
X	D'S Signature	Date (mm/dd/yyyy)			Check if self-emplo		ERO's SSN or PTIN		
Firm's name (or yours if self-employed)							EIN		
City				State ZIP Phone Number		nber			
Paid	d Preparer's Use only								
Preparer's Signature Date (mm/dd/yyyy)				k if mployed					
Firm's name (or yours if self-employed)							EIN		
City				State	ZIP		Phone Number		