



**INSTRUCTIONS FOR COMPLETING THE  
 LOUISIANA TAX INFORMATION DISCLOSURE AUTHORIZATION (R-7004)**

We are requesting authorization to obtain copies of sales and use tax returns from the State of Louisiana. The Louisiana Tax Information Disclosure Authorization (R-7004) is attached immediately following these instructions, and is also available at [www.deepwaterhorizoneconomicsettlement.com](http://www.deepwaterhorizoneconomicsettlement.com).

***Completing the Form.***

The Louisiana Tax Information Disclosure Authorization (R-7004) is pre-filled to authorize the Louisiana Department of Revenue to mail your sales and use tax returns directly to the Claims Administrator. Complete the following sections:

**Taxpayer Information.** In the applicable fields, enter your business' name and full address. Then enter your business' Louisiana revenue account number, federal employer identification number, and telephone number in the corresponding fields.

- Tax Matters.** Complete the Tax Year or Period field by entering the time period specified in the Explanation section of the Notice of Request for Authorization Forms. Be sure to enter the time period in the YYYY-YYYY or MM/DD/YYYY – MM/DD/YYYY format, as applicable. If necessary, use additional lines, but be sure to enter "sales and use," "R-1029," and "returns or transcripts" in columns a, b, and d respectively.

**Signature of Taxpayer(s).** Ensure that an authorized representative for the business signs, dates, and writes his or her name and title on the authorization form. The authorized representative must be legally authorized to bind the business.

There is no need to complete any sections or fields other than those mentioned above.

***Attorney Representation.***

- If you are represented by an attorney in connection with this claim, you should not sign the Louisiana Tax Information Disclosure Authorization (R-7004) until you have conferred with your attorney regarding the decision to sign and submit the authorization form to the Claims Administrator.

***Originals Required.***

- Return the *original*, hard copy signed Louisiana Tax Information Disclosure Authorization (R-7004), along with any necessary attachment(s), to the Claims Administrator at the address listed below. You may not upload the form using the DWH portal. Facsimiles, PDFs or copies of a signature will not be accepted.

**Submit the *original*, hard copy signed Louisiana Tax Information Disclosure Authorization (R-7004) by Mail or Overnight, Certified or Registered Mail.**

**By Mail**

(Postmarked no later than your response deadline)

Deepwater Horizon Economic Claims Center  
 PO Box 10272  
 Dublin, OH 43017-5772

**By Overnight, Certified or Registered Mail**

(If mail, postmarked no later than your response deadline; if other overnight delivery, placed in the custody of an overnight carrier by your response deadline)

Deepwater Horizon Economic Claims Center  
c/o Claims Administrator  
5151 Blazer Parkway Suite A  
Dublin, OH 43017



For LDR Use Only			
Received by			
Name		Division	
Telephone	( )	Date	

PLEASE PRINT OR TYPE.

**1. Taxpayer Information** — Taxpayer must sign and date this form.

Name			Social Security Number	
If joint return. Spouse's Name			Spouse's Social Security Number	
Address			LA Revenue Account Number	Federal Employer ID Number
City	State	ZIP	Daytime Telephone Number	

**2. Appointee** — If you want to name more than one appointee, attach a list to this form.

Name <b>Deepwater Horizon Economic Claims Center</b>			Telephone Number <b>(844) 761-7057</b>	
Address <b>P.O. Box 1\$+&amp;</b>			Fax Number	
City <b>Dublin</b>	State <b>OH</b>	ZIP <b>43017-5772</b>	E-mail Address <b>communications@dheclaims.com</b>	

**3. Tax Matters** — The appointee is authorized to inspect and receive confidential tax information in any office of the Louisiana Department of Revenue for the tax matters listed below.

a Tax Type	b Tax Form Number	c Tax Year or Period	d Specific Tax Matters
sales	R-1029		returns or transcripts

**4. Signature of taxpayer(s).** If a tax matter applies to a joint return, both husband and wife must sign.

I certify that I have the authority to execute this form with respect to the tax matters/periods on Line 3 above.			
Signature X		Signature (Spouse) X	
Print Name		Print Name (Spouse)	
Title	Date (mm/dd/yyyy)	Title	Date (mm/dd/yyyy)

If not signed and dated, this tax information disclosure authorization will be returned.

