

**CITY OF NEW ORLEANS
DEPARTMENT OF FINANCE
TAX CLEARANCE CERTIFICATE
(Attachment "D")**

For City of New Orleans Use Only	
Received by:	_____
Name:	_____
Phone:	_____
Date Received:	/ /
Process Date:	/ /

1300 Perdido St., Room 1W15, New Orleans, LA 70112, Fax (504) 565-6425

According to Section 2-8 of the Code of the City of New Orleans, Louisiana 1995, the City may not enter into or make payments under a contract or cooperative endeavor agreement with any person, corporation, or entity delinquent in City taxes. This form supplies the needed tax clearance. This clearance is issued without prejudice to any tax liabilities discovered by audit.

► IF THIS AUTHORIZATION IS NOT SIGNED AND DATED, IT WILL BE RETURNED

Taxpayer Information.

BUSINESS NAME: _____

OWNER'S NAME: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS: _____

CONTACT TELEPHONE: _____

FAX NUMBER: _____

E-MAIL ADDRESS: _____

PRINT NAME: _____

AUTHORIZED SIGNATURE: _____

DATE SIGNED: _____

REAL ESTATE TAX NUMBER:

PERSONAL PROPERTY TAX
NUMBER:

SALES TAX NUMBER:

I certify that I have the authority to execute this form with respect to the tax matters covered. The City of New Orleans, Law Department and Finance Department, are authorized to inspect and/or receive confidential tax information for the tax accounts listed on this page.

BUREAU OF REVENUE (Room 1W15)

This clearance covers Occupational License and Sales/Use taxes.

BUREAU OF TREASURY (Room 1W37)

This clearance covers Ad Valorem taxes for Real Estate and Business Property taxes.

I hereby certify that as of this date the taxpayer has met all City of New Orleans tax obligations and is not delinquent in any taxes owed to the City.

I hereby certify that as of this date the taxpayer has met all City of New Orleans tax obligations and is not delinquent in any taxes owed to the City.

COLLECTOR OF REVENUE

DATE

TREASURY CHIEF

DATE

I attest that the taxpayer named above is not delinquent in any taxes owed to the city.

DIRECTOR OF FINANCE

DATE

INSTRUCTIONS ON REVERSE SIDE

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INSTRUCTIONS

1. This form authorizes the City of New Orleans, Departments of Law and Finance to inspect and/or receive your confidential tax information for the type of tax and the date you list under **Taxpayer Information**. You may request a copy of this blank form via phone, mail, or fax.
2. To complete this form, provide all of the taxpayer information requested at the top of the form. Do not leave any blanks. Failure to fill in ALL taxpayer information requested may delay processing. If taxpayer authorization is not signed and dated, the form will not be processed.
3. This Tax Clearance Certificate will not be honored for any purpose other than representation before the City of New Orleans.
4. Once the taxpayer information is complete, signed and dated, you may submit the form in any of the following ways:
 - a. In person or by mail to: City Hall, Department of Finance, Bureau of Revenue, 1300 Perdido Street, Room 1W15, New Orleans, LA 70112
 - b. Via Facsimile (Fax): (504) 565-6425
5. Please check the appropriate box below and complete the requested information for notification if a delinquency is discovered:

I wish to receive notice by

<input type="checkbox"/>	Fax at	_____
<input type="checkbox"/>	phone at	_____
<input type="checkbox"/>	email at	_____
<input type="checkbox"/>	U.S.mail at	_____

6. If you need additional information regarding this form, please call the Department of Revenue at (504) 565-6615.