



Louisiana Workforce Commission
Application to Request Voluntary Disclosure Agreement
Applications can be emailed to VDA@lwc.la.gov

Mail to: <i>UI Tax Operations – LA. VDA</i> <i>P.O. Box 94094</i> <i>Baton Rouge, LA 70804</i> <i>Fax 225-346-6072</i>	Physical Delivery: UI Tax Operations - VDA 1001 North 23 rd Street, 4 th Floor Baton Rouge, LA 70802 VDA@lwc.la.gov
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PLEASE PRINT OR TYPE.

Representative's Name/Title			Representative's Telephone Number
Representative's Firm Name			Representative's Email Address
Representative's Address			Type of Legal Entity of Applicant
City	State	ZIP	Tax Type(s) for which a Voluntary Disclosure Agreement is Requested

Please answer each question fully. Failure to disclose all relevant information could result in the nullification of an agreement, the loss of a limited look-back period, and the denial of interest waiver.

1. Is this application for a company that has been acquired or merged into another company? Yes No
2. Did the applicant report wages in Louisiana for state unemployment tax purposes? Yes No
If yes, please explain the circumstances fully.

(Use additional sheets if necessary.)

3. Has the applicant ever registered for a Louisiana Unemployment Insurance account number for which a voluntary disclosure agreement is sought? Yes No If yes, please explain fully.

(Use additional sheets if necessary.)

4. Has the applicant ever been assigned a Louisiana Workforce Commission Unemployment Insurance Tax account number tax? Yes No If yes, what is 7 digit UI Account Number: _____

5. Does the applicant have a current Workers' Compensation coverage certificate? Yes No
If yes, please attach copy.

6. Please describe what actions or events (e.g., court case, statutory changes, solicitation of sales, etc.) alerted the applicant of a filing requirement in Louisiana, including the dates these actions or events occurred.

(Use additional sheets if necessary.)

7. Please explain the reasons for the applicant's failure to file and pay UI taxes in Louisiana on its past activities from the time the above actions or events occurred.

(Use additional sheets if necessary.)

8. Please describe the business activities of the applicant.

(Use additional sheets if necessary.)

9. Please provide an estimate of the total unpaid tax liability and the unpaid tax liability for the look-back period (generally, UI taxes due during previous three-year experience rating period and taxes due during the current year).

(Use additional sheets if necessary.)

10. Has the applicant been contacted for audit, or is the applicant presently under audit concerning the classification of workers by the Internal Revenue Service or the United States Department of Labor, or a state government entity? Yes No

11. Is the applicant contesting in court or in an administrative proceeding the classification of the class or classes of workers from a previous audit by the Internal Revenue Service, the United States Department of Labor, the Louisiana Department of Revenue, or the Louisiana Workforce Commission? Yes No

12. Does the applicant have any affiliated entities filing in the state of Louisiana that have been contacted for audit, or are presently under audit? Yes No

If yes to either question 11 or 12, please explain.

(Use additional sheets if necessary.)

13. What is the applicant's year end for filing federal income taxes? (mm/dd) _____

14. Does this applicant file as a member of a consolidated group? Yes No

15. If the applicant is a partnership or limited liability company, how does it file for federal income tax purposes?

(Use additional sheets if necessary.)

16. Please provide any other information that you believe will assist us in properly evaluating this request.

(Use additional sheets if necessary.)

To the best of my knowledge of all available information, this request for a voluntary disclosure agreement is accurate and complete, and any and all information has been revealed. I understand that any intentional or accidental misrepresentation may result in the nullification of an agreement, the loss of the look-back period, and the loss of interest waiver.

Printed Name of Representative

Signature of Representative

TO BE COMPLETED BY VDA MANAGEMENT:

Approved
Date Approved _____ Approved by: _____

Denied/Reason for denial
