


**LOUISIANA**  
 DEPARTMENT of REVENUE

**Louisiana Department of Revenue  
 Corporation Income/Franchise Tax  
 Declaration for Electronic Filing**
**2021**

LA8453-C

 Do not file paper copies. This form must be maintained by the Electronic Return Originator (ERO).  
 For calendar year 2021, or tax year beginning \_\_\_\_\_, 2021 ending \_\_\_\_\_, 2022

PLEASE PRINT OR TYPE.

|                                  |       |   |  |
|----------------------------------|-------|---|--|
| Name of Corporation              |       |   |  |
| Louisiana Revenue Account Number |       | Federal Employer Identification Number (FEIN) |  |
| Street Address of Corporation    |       | Unit Type                                     | Unit Number  |
| City                             | State | Zip   | Foreign Nation, if not United States (do not abbreviate) |

**Part 1 - Tax Return Information (whole dollars only)**

|   |   |   |     |
|---|---|---|-----|
| 1 | Income & Franchise tax due after Priority 1 Credits (Form CIFT-620, Line 10, the sum of both columns 1 and 2) | 1 | .00 |
| 2 | Refund (Form CIFT-620, Line 28, column 3)   | 2 | .00 |
| 3 | Total amount due (Form CIFT-620, Line 25, column 3)   | 3 | .00 |
| 4 | Amount of payment remitted electronically   | 4 | .00 |

**Part II - Declaration of Officer (Sign only after Part I is completed.)**

Under penalties of perjury, I declare that I am an officer of the above corporation and that the information that I have given my electronic return originator (ERO), transmitter, and/or intermediate service provider (ISP) and the amounts in Part 1 above agree with the amounts on the corresponding lines of the Louisiana 2021 Income/2022 Franchise tax return. To the best of my knowledge and belief, the corporation's return is true, correct, and complete. I consent to my ERO, transmitter, and/or ISP sending the corporation's return, this declaration, accompanying schedules, and statements to the Louisiana Department of Revenue. I also consent to the Louisiana Department of Revenue sending my ERO, transmitter, and/or ISP an acknowledgment of receipt of transmission and an indication of whether or not the corporation's return is accepted, and, if rejected, the reason(s) for the rejection.

 I authorize a representative of the Louisiana Department of Revenue to discuss my return and attachments with my preparer.

|                      |                   |       |
|----------------------|-------------------|-------|
| Signature of Officer | Date (mm/dd/yyyy) | Title |
|----------------------|-------------------|-------|

**Part III - Declaration of Electronic Return Originator (ERO) and Paid Preparer**

I declare that I have reviewed the above corporation's return and that the entries on LA8453-C are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The corporate office will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the Louisiana Department of Revenue, and have followed all other requirements in Pub. 3112, IRS E-file Application and Participation, and Pub. 4163, Modernized E-File Information for Authorized IRS E-Providers. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above corporation's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

**ERO's Use Only**

|   |                   |  |   |                   |
|---|-------------------|--|---|-------------------|
| ERO'S Signature<br>X                    | Date (mm/dd/yyyy) | <input type="checkbox"/> Check if also paid preparer | <input type="checkbox"/> Check if self-employed | ERO's SSN or PTIN |
| Firm's Name (or yours if self-employed) |                   |  |   | FEIN              |
| City                                    | State             | ZIP  | Phone Number                                    |                   |

**Paid Preparer's Use only**

|   |                   |   |                        |      |
|---|-------------------|---|------------------------|------|
| Preparer's Signature                    | Date (mm/dd/yyyy) | <input type="checkbox"/> Check if self-employed | Preparer's SSN or PTIN |      |
| Firm's Name (or yours if self-employed) |                   |   |                        | FEIN |
| City                                    | State             | ZIP   | Phone Number           |      |