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# PARISH OF RAPIDES

SALES AND USE TAX DEPARTMENT

5606 COLISEUM BLVD.

ALEXANDRIA, LA 71303

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DONNA J. ANDRIES, CPA, CTA  
Tax Administrator

Phone (318) 445-0296  
Fax (318) 449-4532  
Email info@rpst.org

## Voluntary Disclosure Agreement

In exchange for the acceptance and execution of this agreement by the Parish, Taxpayer hereby agrees to the following terms and facts:

1. Taxpayer will identify itself and properly register for the collection of local sales tax with the Parish by filing all applications for Sales Tax registration and if applicable Occupational License Tax within 90 days of acceptance of this correspondence.
2. At the time of registration, Taxpayer will provide documentation detailing local tax due by month and year.
3. Remit the full amount of local tax due for the period \_\_\_\_\_ to the current period for taxes owed to the Parish. Remit the full amount of tax due for period \_\_\_\_\_ to the current period for taxes collected and not remitted and owed to the Parish.
4. Remit interest, at the rate as provided by the Parish Tax Ordinances (15% per annum) on the total of local tax due.
5. Except for discussions concerning this agreement, the Taxpayer has not been contacted by the Parish relating to an audit or any other sales tax procedure.
6. The Taxpayer agrees to enter into this Voluntary Disclosure Agreement in good faith, absent fraud, or material misrepresentation and any misrepresentation of the facts will result in the agreement being void.

In consideration of the above listed items, the Parish will offer the following:

1. Abate any civil or criminal penalties against the Taxpayer or its officers or employees for failure to register for the collection of local tax, or for failure to timely remit local tax for periods covered in the agreement.
2. Maintain the confidentiality of all information obtained relating to the Taxpayer.
3. Enter the Voluntary Disclosure Agreement in good faith.

This agreement is hereby agreed to and accepted by the Taxpayer & the Tax Administrator

Taxpayer:

Authorized Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Signer's Title \_\_\_\_\_

Legal Name of Business \_\_\_\_\_

Date \_\_\_\_\_

Tax Administrator:

Authorized Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Signer's Title \_\_\_\_\_

Legal Name of Business \_\_\_\_\_

Date \_\_\_\_\_

