	To ensure proper credit, please DO N	 IOT fold or staple.		
	IMATED TAX DECLARATION VOUCH from prior year, mark box. For calendar year 2	ER FOR CORPORA	TIONS – 202	²³ C
Louisiana Revenue Account Number	Federal Employer Identification Number	Payment due date	·	Corporation Voucher
Name Address		A	mount of Payment.	DO NOT SEND CASH.
City, State ZIP		\$.00

Mail this form with your payment to: LA DEPT OF REVENUE PO BOX 91011 BATON ROUGE LA 70821-9011



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