## Form 3103.B Exhibit B Power of Attorney

## PLEASE TYPE OR PRINT

Taxpayer(s) must sign and date this form on page 2.

l.	TAXPAYER:
Your N	Name or Name of Entity:
Street	Address, City, State, ZIP:
concer unless	ppoint the following representative as my/our true and lawful agent and attorney-in-fact to represent me/us before consistence and inspect confidential information rating my/our tax matters, and to perform any and all acts that I/we can perform with respect to my/our tax matters noted below. Modes of communication for requesting and receiving information may include telephone, e-mail, on the authority does not include the power to receive refund checks, the power to substitute another representative ower to add additional representatives, or the power to execute a request for disclosure of tax information to a third
Repre	sentative must sign and date this form on page 2.
II.	AUTHORIZED REPRESENTATIVE:
Name	
10 MARCHAN	Address:
	State, ZIP:
Teleph	hone Number: ()
Fax N	umber: ()
	Address:
III.	SCOPE OF AUTHORIZED APPOINTMENT:
Acts A and all	authorized. Mark only the boxes that apply. By marking the boxes, you authorize the representative to perform any lacts on your behalf, including the authority to sign tax returns, with respect only to the indicated tax matters:
Α.	Duration:
-	Tax Year (Days, Months, etc.) Until Revoked
В.	Agent Authority:  1 General powers granted to represent taxpayer in all matters.  2 Specified powers as listed.  (a.) File notices of protest and present protests before the Louisiana Tax Commission.  (b.) Receive confidential information filed by taxpayer.  (c.) Negotiate and resolve disputed tax matters without further authorization  (d.) Represent taxpayer during appeal process.