



Louisiana Workforce Commission
 Chief of Tax Operations
 P.O. Box 94186
 Baton Rouge, LA 70804-9186
 (225) 342-2992

Please complete the order form for copies of documents. Include your payment with your request.

THE COPIES WILL BE MAILED TO THE ADDRESS OF RECORD LISTED ON YOUR ACCOUNT.

Employer Name: _____

Employer Account Number: _____ Date Requested: _____

Signature: _____ Telephone Number: _____

Description	Year Quarter	Year Quarter	Year Quarter	Year Quarter	No. Pages	Price per Page	Total
Benefit Charge Statement						\$1.00	
Quarterly Report						\$1.00	
Wage Report						\$1.00	
	Year	Year	Year	Year			
Contribution Rate Notice						\$1.00	
	Social Security Number						
Claims Determination						\$1.00	
Notice to Base Period Employer						\$1.00	
Appeal Decision						\$1.00	
Employment Security Law Book						\$5.50	
	Per Account Number						
Duplicate Lien Cancellation						\$5.00	
Employer Account Application						\$1.00	
Printout on Account						\$1.00	
List Other:						\$1.00	
TOTAL PAID						\$	

Make check payable to: Louisiana Workforce Commission

DO NOT SEND CASH.