



COUNTY OF LOS ANGELES ASSESSMENT APPEALS BOARD

KENNETH HAHN HALL OF ADMINISTRATION / 500 W TEMPLE STREET ROOM B4 / LOS ANGELES CALIFORNIA 90012
PHONE: (213) 974-1462 FAX: (213) 626-1741 EMAIL: TaxAgentRegistration@bos.lacounty.gov

TAX AGENT REGISTRATION REFERRAL FORM

Instructions: Complete this form to refer an unregistered individual(s) who appears to be acting as a Tax Agent in an attempt to influence official action pursuant to County Code Chapter 2.165. Provide agent's information and a summary of the transaction, type of forms filed and if indicated, the reason the individual did not register as a Tax Agent.

DATE: _____

AGENT INFORMATION

Name: _____ Title: _____

Agency/Firm/Company: _____

Address: _____

Phone: _____ Email: _____

REASON FOR REFERRAL *(Please list all relevant factors such as forms filed, business transaction(s) conducted, etc.)*

FORM(S) FILED *(if applicable)*

attach addtl. sheets if necessary

AGENT'S REASON FOR NOT COMPLETING REGISTRATION *(If known):*

DEPARTMENT CONTACT INFORMATION

Name: _____ Dept.: _____

Phone: _____ Email: _____

Supervisor Name: _____

Phone: _____ Email: _____

Please submit completed form to the Tax Agent Registration unit via email to taxagentregistration@bos.lacounty.gov with the subject "Tax Agent Registration Referral" or via fax to (213) 626-1741.

TAR OFFICE USE ONLY

Reference #

ACTION: No Enforcement Enforcement - Action: _____

Completed On: _____ By: _____