

LAT 11 – WATERCRAFT **20** **PERSONAL PROPERTY TAX FORM**

RETURN TO: _____ NAME/ADDRESS: (INDICATE ANY CHANGES) _____

CONFIDENTIAL RS: 47:2327. Only the Assessor, the governing authority, and Louisiana Tax Commission shall use this form filled out by the taxpayer solely for the purpose of administering this statute. Legal Citation & Instructions: This report shall be filed with the Assessor of the parish indicated by April 1st or within forty-five days after receipt, whichever is later, in accordance with RS 47:2324.

PROPERTY LOCATION: (E911/PHYSICAL ADDRESS) _____ WARD: _____ ASSESSMENT NUMBER: _____

NAME OF BUSINESS: _____ TYPE OF BUSINESS: _____

OWNER OR CONTACT: _____ PHONE NUMBER: _____

LOCATION (IF DIFFERENT FROM MAILING ADDRESS): _____

SHADED AREAS FOR ASSESSOR'S USE ONLY – USE ATTACHMENTS IF NECESSARY

SECTION 1 – VESSELS

VESSEL REGISTRATION NUMBER	NAME OF VESSEL						COST INCL. EQMT. & ACCS.	YEAR ACQ.	YEAR BUILT	LENGTH & BREADTH	LOCATION (PARISH OR DOCKING POINT)	
											JANUARY 1	PREVIOUS YEAR
										X		
DAYS WORKED PRIOR YR	HORSE-POWER	TYPE OF VESSEL	HULL MATERIAL	NO. OF SCREWS	TYPE, IF BARGE	SELF PROPELLED	EFF. AGE	COST MULT.	FAIR MARKET VALUE		ASSESSED VALUE	
						<input type="checkbox"/> YES						

WORKED PER MON.: JAN. FEB. MAR. APR. MAY JUN. JUL. AUG. SEPT. OCT. NOV. DEC.

VESSEL REGISTRATION NUMBER	NAME OF VESSEL						COST INCL. EQMT. & ACCS.	YEAR ACQ.	YEAR BUILT	LENGTH & BREADTH	LOCATION (PARISH OR DOCKING POINT)	
											JANUARY 1	PREVIOUS YEAR
										X		
DAYS WORKED PRIOR YR	HORSE-POWER	TYPE OF VESSEL	HULL MATERIAL	NO. OF SCREWS	TYPE, IF BARGE	SELF PROPELLED	EFF. AGE	COST MULT.	FAIR MARKET VALUE		ASSESSED VALUE	
						<input type="checkbox"/> YES						

WORKED PER MON.: JAN. FEB. MAR. APR. MAY JUN. JUL. AUG. SEPT. OCT. NOV. DEC.

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											JANUARY 1	PREVIOUS YEAR
										X		
DAYS WORKED PRIOR YR	HORSE-POWER	TYPE OF VESSEL	HULL MATERIAL	NO. OF SCREWS	TYPE, IF BARGE	SELF PROPELLED	EFF. AGE	COST MULT.	FAIR MARKET VALUE		ASSESSED VALUE	
						<input type="checkbox"/> YES						

WORKED PER MON.: JAN. FEB. MAR. APR. MAY JUN. JUL. AUG. SEPT. OCT. NOV. DEC.

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JAN.	FEB.	MAR.	APR.	MAY	JUN.	JUL.	AUG.	SEPT.	OCT.	NOV.	DEC.		
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						<input type="checkbox"/> YES							
WORKED PER MON.:													
JAN.	FEB.	MAR.	APR.	MAY	JUN.	JUL.	AUG.	SEPT.	OCT.	NOV.	DEC.		
SECTION 2 – CONSIGNED GOODS, LEASED, LOANED, OR RENTED EQUIPMENT, FURNITURE, ETC.													
NAME AND ADDRESS				PROPERTY DESCRIPTION			AGE	MONTHLY RENTAL	PRESENT DAY SELLING PRICE		FAIR MARKET VALUE		
TOTAL FAIR MARKET VALUE:													
ASSESSED VALUE:													
NOTE:	PENALTIES FOR FAILURE TO FILE THIS FORM INCLUDE WAIVER OF RIGHTS TO APPEAL YOUR ASSESSMENT AND MAY INCLUDE A MONETARY PENALTY (RS 47:1992 & 2330)					NEED ASSISTANCE? AFTER YOU REVIEW THE ENCLOSED TAX FORM AND YOU FEEL YOU NEED ASSISTANCE PLEASE CALL YOUR ASSESSOR LISTED ABOVE AT . THANK YOU							
SIGNATURE AND VERIFICATION													
"I declare under the penalties for filing false reports (R.S. 14:125; up to 500.00 fine or imprisonment for one year or both, plus additional penalties defined in Act 2330B of the 1989 Regular Session) that this return has been examined by me and to the best of my knowledge and belief is a true, correct and complete return."													
SIGNATURE OF TAXPAYER						DATE			SIGNATURE OF PREPARER			DATE	
PRINTED/TYPED NAME OF TAXPAYER						PRINTED/TYPED NAME OF PREPARER							