

LAT 11 – WATERCRAFT – PERSONAL PROPERTY TAX FORM

YEAR:

RETURN TO:

NAME/ADDRESS: (INDICATE ANY CHANGES)

ST. JAMES PARISH ASSESSOR
5800 LA 44
P. O. BOX 55
CONVENT, LA 70723
(225) 562-2252

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 BUISNESS:
OWNER OR CONTACT:

TYPE OF BUSINESS:
PHONE:

LOCATION (IF DIFFERENT FROM MAILING ADDRESS):

SHADED AREAS FOR ASSESSOR'S USE ONLY – PLEASE 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)				
							X		JANUARY 1	PREVIOUS YEAR			
DAYS WORKED	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)				
							X		JANUARY 1	PREVIOUS YEAR			
DAYS WORKED	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)				
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						<input type="checkbox"/> YES							
WORKED PER MON.:		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.

PLEASE USE ATTACHMENTS IF NECESSARY

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. 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 Section) 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