

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:

PHONE:

CONTACT NAME:

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

SECTION 1 – DESCRIPTION OF AIRCRAFT

(LIST BELOW ALL AIRCRAFT OWNED AS OF JANUARY 1ST)

REGISTRATION NUMBER	SERIAL NUMBER	NAME OF MANUFACTURER			MODEL	ACQUISITION COST	YEAR OF ACQUISITION
USE	GROSS WEIGHT	EFF. AGE	TABLE NO.	COST MULT.	FAIR MARKET VALUE	ASSESSED VALUE	

TOTAL ASSESSED VALUE:

IF YOUR AIRCRAFT HAS BEEN SOLD PLEASE, FURNISH THE INFORMATION BELOW AND RETURN TO THE ASSESSORS'S OFFICE

SOLD TO:		REG. NO.:	
ADDRESS:		DATE OF SALE:	
CITY:		STATE:	
		ZIP:	
		AMOUNT:	

SECTION 1 – DESCRIPTION OF AIRCRAFT

(LIST BELOW ALL AIRCRAFT OWNED AS OF JANUARY 1ST)

REGISTRATION NUMBER	SERIAL NUMBER	NAME OF MANUFACTURER			MODEL	ACQUISITION COST	YEAR OF ACQUISITION
USE	GROSS WEIGHT	EFF. AGE	TABLE NO.	COST MULT.	FAIR MARKET VALUE	ASSESSED VALUE	

TOTAL ASSESSED VALUE:

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
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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	SIGNATURE OF PREPARER
DATE	DATE
PRINTED/TYPED NAME OF TAXPAYER	PRINTED/TYPED NAME OF PREPARER