

LAT 5 – INVENTORY, MERCHANDISE, ETC. – 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**

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:**

IMPORTANT!

- AN ITEMIZED DEPRECIATION SCHEDULE, LISTING ASSETS (INCLUDING FULLY DEPRECIATED ITEMS AND/OR EXPENSED) SHALL ACCOMPANY THIS REPORT.
- FIRMS HAVING 10 YEAR EXEMPTIONS SHALL COMPLETE FORM LAT 5A AND ATTACH TO THIS FORM.
- BANKS ONLY: ATTACH TO THIS REPORT A LIST OF SHAREHOLDERS AND A COPY OF YOUR CONSOLIDATED REPORT OF CONDITION AND CONSOLIDATED REPORT OF INCOME AS FURNISHED TO THE OFFICE OF FINANCE INSTITUTIONS OR TO THE COMPTROLLER OF CURRENCY AS OF DECEMBER, 31ST.

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

SECTION 1 – INVENTORIES AND MERCHANDISE

METHOD OF REPORTING: (CHECK ONE) LIFO FIFO COST RETAIL OTHER:

	MERCHANDISE	RAW MATERIALS	WORK IN PROGRESS	FINISHED GOODS	SUPPLIES	TOTAL
JANUARY						
FEBRUARY						
MARCH						
APRIL						
MAY						
JUNE						
JULY						
AUGUST						
SEPTEMBER						
OCTOBER						
NOVEMBER						
DECEMBER						

ASSESSED VALUE:

GRAND TOTAL:

AVERAGE

Empty space for additional information or calculations.

PLEASE USE ATTACHMENTS IF NECESSARY

SECTION 4 – LEASEHOLD IMPROVEMENTS/MISC. PROPERTY

(GROUP BY YEAR OF ACQUISITION)

ITEM	YEAR OF ACQUISITION	ACQUISITION COST	EFFECTIVE AGE	TABLET NO.	COST MULT.	FAIR MARKET VALUE

TOTAL FAIR MARKET VALUE:

ASSESSED VALUE:

SECTION 5 – CONSIGNED GOODS, LEASED, LOANED, OR RENTED EQUIPMENT, FURNITURE, ETC.

(ATTACH LIST SHOWING NAME, ADDRESS, TYPE AND AGE OF PROPERTY, MONTHLY RENTAL)

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 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	