

CONFIDENTIAL: (RS 47:2327 FORMS FILED BY A TAXPAYER SHALL BE USED BY THE ASSESSOR, THE GOVERNING AUTHORITY, AND THE LOUISIANA TAX COMMISSION SOLELY FOR THE PURPOSE OF THIS STATUTE.)

LEGAL CITATION AND INSTRUCTIONS: THIS REPORT SHALL BE FILED WITH THE ASSESSOR OF THE PARISH INDICATED BY APRIL 1ST OR WITHIN 45 DAYS AFTER RECEIPT, WHICHEVER IS LATER, IN ACCORDANCE WITH RS 47:2324.
LAT 11

REV 7/91

PERSONAL PROPERTY TAX REPORT – WATERCRAFT

YEAR 20

RETURN TO		WARD	ASSESSMENT NO
WEST BATON ROUGE PARISH ASSESSOR P. O. BOX 76 850 EIGHTH ST., COURTHOUSE BLDG., RM#11 PORT ALLEN, LA 70767		NAME/ADDRESS (Indicate any changes)	
NAME OF BUSINESS			
TYPE OF BUSINESS			
LOCATION (if different from mailing address)			
OWNER/PERSON TO CONTACT	PHONE		

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

VESSEL REG. NO.	NAME OF VESSEL	COST INCL EQUIP & ACCS.	YEAR ACQ.	YEAR BUILT	Length & Breadth	LOCATION (PARISH OR DOCKING PT.)						
						JANUARY 1	Previous YEAR					
DAYS WORKED	HORSE POWER	TYPE OF VESSEL	HULL MATERIAL	NO OF SCREWS	TYPE IF BARGE	SELF PRO-PELLED	EFF. AGE	COST MULT.	FAIR MKT VALUE	ASSESSED VALUE		
↓	TOTAL					<input type="checkbox"/> YES <input type="checkbox"/> NO						
→	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

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↓	TOTAL					<input type="checkbox"/> YES <input type="checkbox"/> NO						
→	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

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↓	TOTAL					<input type="checkbox"/> YES <input type="checkbox"/> NO						
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↓	TOTAL					<input type="checkbox"/> YES <input type="checkbox"/> NO							
→	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	

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 MARKET VALUE					
ASSESSED VALUE					

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." "This return must be signed by the taxpayer, authorized officer or partner and by the preparer before a Notary Public."

SIGNATURE OF TAXPAYER _____
Sworn to and subscribed before me this _____ day of _____ 20____

DATE _____

SIGNATURE OF PREPARER _____
Sworn to and subscribed before me this _____ day of _____ 20____

DATE _____

NOTARY PUBLIC _____

NOTARY PUBLIC _____