

LAT 4 – COMMERCIAL & INDUSTRIAL **20** REAL 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: _____

LEGAL DESCRIPTION: _____

SECTION 1 – LAND DATA

DIMENSIONS – FRONT: ___ X ___ X ___ X ___ COST IF PURCHASED AS VACANT LAND: _____
 DATE OF PURCHASE: _____ ZONING: _____ CORNER LOT INSIDE LOT (CHECK ONE)
 MONTHLY INCOME: _____ ANNUAL INCOME: _____ AMOUNT OF INSURANCE: _____
 LAND USE: COMMERCIAL INDUSTRIAL (CHECK ONE)

SECTION 2 – BUILDING DATA

AGE: ___ YEARS DATE OF ACQUISITION: _____ COST OF BUILDING: _____

CLASS	CONDITION	QUALITY	STYLE	FOUNDATION
<input type="checkbox"/> MEDICAL <input type="checkbox"/> MOTEL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> SERVICE STATION <input type="checkbox"/> HOTEL <input type="checkbox"/> OFFICE <input type="checkbox"/> WAREHOUSE	<input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> AVERAGE <input type="checkbox"/> GOOD <input type="checkbox"/> VERY GOOD	<input type="checkbox"/> LOW <input type="checkbox"/> FAIR <input type="checkbox"/> AVERAGE <input type="checkbox"/> GOOD <input type="checkbox"/> VERY GOOD	NO. OF STORIES <input type="checkbox"/> SPLIT LEVEL <input type="checkbox"/> 1 ½ STORY FINISHED WALL HEIGHT: _____	<input type="checkbox"/> PIERS <input type="checkbox"/> CONTINUOUS PIER <input type="checkbox"/> SLAB <input type="checkbox"/> OTHER: _____

BASIC STRUCTURE	EXPERIOR WALL	HEATING & COOLING	FLOOR COVERING	EXTRA FEATURES
<input type="checkbox"/> STEEL FRAME <input type="checkbox"/> WOOD FRAME <input type="checkbox"/> REINFORCE CONCRETE <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> STUCCO <input type="checkbox"/> WOOD SIDING <input type="checkbox"/> METAL SIDING <input type="checkbox"/> BRICK VENEER <input type="checkbox"/> COMMON BRICK <input type="checkbox"/> FACE BRICK OR STONE <input type="checkbox"/> CONCRETE BLOCK	<input type="checkbox"/> FLOOR FURNACE <input type="checkbox"/> PANEL WALL <input type="checkbox"/> HEAT AND A/C <input type="checkbox"/> RADIANT <input type="checkbox"/> ELECTRIC <input type="checkbox"/> CENTRAL HOT AIR <input type="checkbox"/> SPACE <input type="checkbox"/> CEILING <input type="checkbox"/> WINDOW UNITS	<input type="checkbox"/> CARPET: _____ % <input type="checkbox"/> HARDWOOD: _____ % <input type="checkbox"/> CERAMIC TILE: _____ % <input type="checkbox"/> VINYL: _____ % <input type="checkbox"/> STONE: _____ % <input type="checkbox"/> CONCRETE: _____ % <input type="checkbox"/> OTHER: _____ %	<input type="checkbox"/> ELEVATOR(S) <input type="checkbox"/> OUT BUILDING(S) <input type="checkbox"/> UTILITY ROOM(S) <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> CARPORT(S) <input type="checkbox"/> GARAGE(S)

FLOOR AREAS	PLUMBING	PARKING
1 ST FLOOR: _____ SQ. FT. 2 ND FLOOR: _____ SQ. FT. 3 RD FLOOR: _____ SQ. FT. TOTAL: _____ SQ. FT. OFFICE: _____ SQ. FT. WAREHOUSE: _____ SQ. FT.	NO. OF FIXTURES: _____ NO. OF ROUGH-INS: _____	TOTAL NUMBER OF SPACES: _____ OPEN SPACES: _____ COVERED SPACES: _____

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

ARE THERE ANY FACTORS THAT MAY INCREASE OR DECREASE THE VALUE OF THE PROPERTY?

(ATTACH RECENT PHOTOGRAPH OF BUILDING)

SIGNATURE AND VERIFICATION

I declare under the penalties for filing false reports that this return has been examined by me and to the best of my knowledge and belief is a true, correct and complete return. If the return is prepared by other than the taxpayer, his declaration is based on all information relating to the matters required to be reported in the return of which he has knowledge.

SIGNATURE OF TAXPAYER	DATE	SIGNATURE OF PREPARER	DATE