LAT 14 – PIPELINES — 20__ PERSONAL 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 statue.	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:**
PARISH:		
NAME OF BUSINESS:		
CONTACT NAME:	**PHONE:**	

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

SECTION 1 – DESCRIPTION OF PIPELINES

(SUBMIT SEPARATE REPORT FOR EACH WARD)

SIZE (IN INCHES)	TYPE	AGE	LENGTH (IN FEET OR MILES)	COST NEW PER FOOT OR /MILE	FAIR MARKET VALUE	EFFECTIVE AGE	ASSESSED VALUE
					TOTAL 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 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." "If the return is prepared by other than the taxpayer, authorized officer, or partner and the preparer before a Notary Public."

SIGATURE OF TAXPAYER **DATE**

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(SUBMIT SEPARATE REPORT FOR EACH WARD)

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						TOTAL ASSESSED VALUE:	

SECTION 2 – 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:	

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

SIGNATURE AND VERIFICATION

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SIGNATURE OF TAXPAYER	**DATE**	**SIGNATURE OF PREPARER**	**DATE**
SWORN TO AND SUBSCRIBED BEFORE ME THIS		**SWORN TO AND SUBSCRIBED BEFORE ME THIS**	
Day of	20	Day of	20
NOTARY PUBLIC		NOTARY PUBLIC	