

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 15

REV 7/91

PERSONAL PROPERTY TAX REPORT – AIRCRAFT

YEAR 20

RETURN TO WASHINGTON PARISH ASSESSOR COURTHOUSE 908 WASHINGTON STREET FRANKLINTON, LA 70438		WARD		ASSESSMENT NO	
NAME OF BUSINESS		NAME/ADDRESS (Indicate any changes)			
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

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	EFFEC AGE	TAB NO	COST MULT	FAIR MARKET VALUE		ASSESSED VALUE
REGISTRATION NUMBER	SERIAL NUMBER		NAME OF MANUFACTURER		MODEL	ACQUISITION COST	YEAR OF ACQUISITION
USE	GROSS WEIGHT	EFFEC AGE	TAB 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 ASSESSOR'S OFFICE.

Sold To: _____ Reg. No.: _____

Address: _____ Date of Sale: _____

City & State: _____ Zip _____ Amount: \$ _____

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 the information relating to the matters required to be reported in the return of which he has knowledge.

Signature of Taxpayer

Date

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	EFFEC AGE	TAB NO	COST MULT	FAIR MARKET VALUE		ASSESSED VALUE
REGISTRATION NUMBER	SERIAL NUMBER		NAME OF MANUFACTURER		MODEL	ACQUISITION COST	YEAR OF ACQUISITION
USE	GROSS WEIGHT	EFFEC AGE	TAB NO	COST MULT	FAIR MARKET VALUE		ASSESSED VALUE
TOTAL ASSESSED VALUE -----							

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

DATE

SIGNATURE OF PREPARER

DATE

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

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

NOTARY PUBLIC

NOTARY PUBLIC