

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 ADMINISTERING 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.

-USE ATTACHMENTS IF NECESSARY-

LAT 12 PERSONAL PROPERTY REPORT - OIL AND GAS PROPERTY YEAR

NAME/ADDRESS (Indicate any Changes)		RETURN TO: Charles R. Henington, Jr. Assessor For Caddo Parish 501 Texas St. Rm. 102 Shreveport, La. 71101-5411	
		PARISH Caddo	WARD
		FIELD NAME AND CODE NUMBER	
		LOCATION SECTION _____ TOWNSHIP _____ RANGE _____	
WARD	ASSESSMENT NO.	OWNER/PERSON TO CONTACT	PHONE
Call 318-226-6719			

DESCRIPTION OF ALL PROPERTY OWNED IN WARD - SUBMIT SEPARATE REPORT FOR EACH WARD

DESCRIPTION OF WELLS AND/OR SURFACE EQUIPMENT BY LEASE	WELL SERIAL NUMBER	LEASE WELL NUMBER	WELL TYPE	ACTIVE LOWER PERF	FAIR MARKET VALUE	ASSESSED VALUE

SUMMARY OF PROPERTY IN WARD AND FIELD

PROPERTY CLASS	FAIR MARKET VALUE	ASSESSED VALUE	<input type="checkbox"/>	PROPERTY CLASS	FAIR MARKET VALUE	ASSESSED VALUE
_____ Wells			<input type="checkbox"/>	Inventories		
Oil and Gas Equip.			<input type="checkbox"/>	Field Imps.		
Tanks			<input type="checkbox"/>	Other Property		
Lines			<input type="checkbox"/>	Total		

LAT 12 ATTACHMENT A - COMPLETE A SEPARATE ATTACHMENT FOR EACH WELL SERIAL NUMBER

SIGNATURE AND VERIFICATION

I declare that under the penalties for filing false reports that this return has been examined by me 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

DESCRIPTION OF ALL PROPERTY OWNED IN WARD-SUBMIT SEPARATE REPORT FOR EACH WARD

DESCRIPTION OF WELLS AND/OR SURFACE EQUIPMENT BY LEASE	WELL SERIAL NUMBER	LEASE WELL NUMBER	WELL TYPE	ACTIVE LOWER PERF.	FAIR MARKET VALUE	ASSESSED VALUE

CONSIGNED GOODS, LEASE, LOANED, OR RENTED EQUIPMENT, FURNITURE, ETC.

NAME AND ADDRESS	PROPERTY DESCRIPTION	AGE	MONTHLY RENTAL	PRESENT DAY SELLING PRICE	FAIR MARKET VALUE
TOTAL FAIR 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. 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." "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