

LAT 11 - WATERCRAFT

PERSONAL PROPERTY TAX FORM

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 AND 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.

NAME/ADDRESS: (INDICATE ANY CHANGES)

RETURN TO:

Dr. Regina Webb
 Assessor For Caddo Parish
 501 Texas St. Rm. 102
 Shreveport, La. 71101-5411

PROPERTY LOCATION:
 (E911/PHYSICAL ADDRESS)

WARD:

ASSESSMENT NUMBER:

NAME OF BUSINESS:

TYPE OF BUSINESS:

OWNER OR CONTACT:

PHONE NUMBER:

SECTION 1-VESSELS

***** USE ATTACHMENTS IF NECESSARY *****

VESSELL REGISTRATION NUMBER	NAME OF VESSEL			COST INCLUDING EQMT. AND ACCS.			YEAR ACQ.	YEAR BUILT	LENGTH x BREADTH	LOCATION (PARISH OF DOCKING POINT)	
										JANUARY 1	PREVIOUS YEAR
									x		
DAYS WORKED PRIOR YR	HORSE-POWER	TYPE OF VESSEL	HULL MATERIAL	NO. OF SCREWS	TYPE, IF BARGE	SELF PROPELLED	EFF. AGE		COST MULT.	FAIR MARKET VALUE	ASSESSED VALUE
						<input type="checkbox"/> YES					

WORKED PER MON: JAN FEB MAR APR MAY JUN JUL AUG SEPT OCT NOV DEC

VESSELL REGISTRATION NUMBER	NAME OF VESSEL			COST INCLUDING EQMT. AND ACCS.			YEAR ACQ.	YEAR BUILT	LENGTH x BREADTH	LOCATION (PARISH OF DOCKING POINT)	
										JANUARY 1	PREVIOUS YEAR
									x		
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WORKED PER MON:		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC

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 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 and 2330)	NEED ASSISTANCE? AFTER YOU REVIEW THE ENCLOSED TAX FORM AND YOU FEEL YOU NEED ASSISTANCE PLEASE CALL YOUR ASSESSOR LISTED ABOVE AT 318-226-6712. THANK YOU
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-----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."

SIGNATURE OF TAXPAYER

DATE

SIGNATURE OF PREPARER

DATE

PRINTED/TYPED NAME OF TAXPAYER

PRINTED/TYPED NAME OF PREPARER