

Parish of Lafayette

Assessor's Office

Post Office Box 3225
Lafayette, LA 70502-3225

Phone: 337-291-7080

Fax: 337-291-7085

Website: www.lafayetteassessor.com

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LAT 11 WATERCRAFT
SELF REPORTING - PERSONAL PROPERTY FORM

2017

IMPORTANT TAX FORMS ARE ENCLOSED



IMPORTANT PROPERTY TAX SELF REPORTING FORMS ENCLOSED

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 FORMS AND YOU FEEL YOU NEED ASSISTANCE
PLEASE CALL YOUR ASSESSOR LISTED ABOVE. THANK YOU.

LAFAYETTE PARISH ASSESSOR

P.O. BOX 3225
LAFAYETTE, LA 70502-3225
TELEPHONE 337-291-7080
FAX 337-291-7085

**FAILURE TO
COMPLETE AND RETURN
THIS FORM
WILL RESULT IN AN
INCREASED ASSESSMENT
OF YOUR ASSETS AND
THEREFORE
INCREASED TAXES.**

LAT 11

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.

RETURN TO: ASSESSOR, LAFAYETTE PARISH
 P.O. BOX 3225
 LAFAYETTE, LA 70502-3225
 NAME/ADDRESS (INDICATE ANY CHANGES)

WARD ASSESSMENT NO.
 LOCATION ADDRESS: (INDICATE ANY CHANGES)

LOCATION ZIP

OWNER/CONTACT PERSON:
 CONTACT'S PHONE: FAX:
 E-MAIL:
 BUSINESS TAX ID#:

SQUARE FOOTAGES OF BUILDINGS:

TYPE OF BUSINESS:

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

SECTION 1 - VESSELS

VESSEL REG. NO.	NAME OF VESSEL	COST INCL. EQUIP. & ACCS.	YEAR ACQ.	YEAR BUILT	LENGTH & BREADTH	LOCATION (PARISH OR DOCKING PT.)	
						JANUARY 1	PREVIOUS YEAR
					X		

DAYS WORKED	HORSE-POWER	TYPE OF VESSEL	HULL MATERIAL	NO. OF SCREWS	TYPE, IF BARGE	SELF PROPELLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	EFF. AGE	COST MULT.	FAIR MARKET VALUE	ASSESSED VALUE	
											JAN.

VESSEL REG. NO.	NAME OF VESSEL	COST INCL. EQUIP. & ACCS.	YEAR ACQ.	YEAR BUILT	LENGTH & BREADTH	LOCATION (PARISH OR DOCKING PT.)	
						JANUARY 1	PREVIOUS YEAR
					X		

DAYS WORKED	HORSE-POWER	TYPE OF VESSEL	HULL MATERIAL	NO. OF SCREWS	TYPE, IF BARGE	SELF PROPELLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	EFF. AGE	COST MULT.	FAIR MARKET VALUE	ASSESSED VALUE	
											JAN.

VESSEL REG. NO.	NAME OF VESSEL	COST INCL. EQUIP. & ACCS.	YEAR ACQ.	YEAR BUILT	LENGTH & BREADTH	LOCATION (PARISH OR DOCKING PT.)	
						JANUARY 1	PREVIOUS YEAR
					X		

DAYS WORKED	HORSE-POWER	TYPE OF VESSEL	HULL MATERIAL	NO. OF SCREWS	TYPE, IF BARGE	SELF PROPELLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	EFF. AGE	COST MULT.	FAIR MARKET VALUE	ASSESSED VALUE	
											JAN.

VESSEL REG. NO.	NAME OF VESSEL	COST INCL. EQUIP. & ACCS.	YEAR ACQ.	YEAR BUILT	LENGTH & BREADTH	LOCATION (PARISH OR DOCKING PT.)	
						JANUARY 1	PREVIOUS YEAR
					X		

DAYS WORKED	HORSE-POWER	TYPE OF VESSEL	HULL MATERIAL	NO. OF SCREWS	TYPE, IF BARGE	SELF PROPELLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	EFF. AGE	COST MULT.	FAIR MARKET VALUE	ASSESSED VALUE	
											JAN.

VESSEL REG. NO.	NAME OF VESSEL					COST INCL. EQUIP. & ACCS.	YEAR ACQ.	YEAR BUILT	LENGTH & BREADTH	LOCATION (PARISH OR DOCKING PT.)			
										JANUARY 1		PREVIOUS YEAR	
									X				
DAYS WORKED	HORSE-POWER	TYPE OF VESSEL	HULL MATERIAL	NO. OF SCREWS	TYPE, IF BARGE	SELF PRO-PELLED?	EFF. AGE	COST MULT.	FAIR MARKET VALUE		ASSESSED VALUE		
						<input type="checkbox"/> YES <input type="checkbox"/> NO							
	JAN.	FEB.	MAR.	APR.	MAY	JUN.	JUL.	AUG.	SEPT.	OCT.	NOV.	DEC.	

VESSEL REG. NO.	NAME OF VESSEL					COST INCL. EQUIP. & ACCS.	YEAR ACQ.	YEAR BUILT	LENGTH & BREADTH	LOCATION (PARISH OR DOCKING PT.)			
										JANUARY 1		PREVIOUS YEAR	
									X				
DAYS WORKED	HORSE-POWER	TYPE OF VESSEL	HULL MATERIAL	NO. OF SCREWS	TYPE, IF BARGE	SELF PRO-PELLED?	EFF. AGE	COST MULT.	FAIR MARKET VALUE		ASSESSED VALUE		
						<input type="checkbox"/> YES <input type="checkbox"/> NO							
	JAN.	FEB.	MAR.	APR.	MAY	JUN.	JUL.	AUG.	SEPT.	OCT.	NOV.	DEC.	

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									X				
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						<input type="checkbox"/> YES <input type="checkbox"/> NO							
	JAN.	FEB.	MAR.	APR.	MAY	JUN.	JUL.	AUG.	SEPT.	OCT.	NOV.	DEC.	

SECTION 2 – CONSIGNEE 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	

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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 Session) that this return has been examined by me and to 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.

SIGNATURE OF TAXPAYER _____ DATE _____

SIGNATURE OF TAX PREPARER _____ DATE _____

PRINTED/TYPED NAME OF TAXPAYER _____

PRINTED/TYPED NAME OF TAX PREPARER _____