

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

E-mail: personalprop@lafayetteassessor.com

LAT 8 - CABLE TV INDUSTRY
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 8

LAT 8 – CABLE TV INDUSTRY

2017 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 & 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#:

TYPE OF BUSINESS:

SQUARE FOOTAGES OF BUILDINGS:

IMPORTANT!

- AN ITEMIZED DEPRECIATION SCHEDULE, LISTING ASSETS (INCLUDING FULLY DEPRECIATED ITEMS AND/OR EXPENSED ITEMS) SHALL ACCOMPANY THIS REPORT.
 * THIS FORM (LAT8) MUST BE ACCOMPANIED BY A LAT5

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

SECTION 1 – OWNER INFORMATION

TOWER OWNER:	
ADDRESS:	
TOWER LOCATION:	

NAME AND ADDRESS(ES) OF ALL COMPANIES LEASING SPACE ON TOWER:

SECTION 2 -- HEADEND, TOWER, ANTENNA AND EQUIPMENT AT TOWER

(GROUP BY YEAR OF ACQUISITION)

YEAR OF ACQUISITION	ACQUISITION COST	DESCRIPTION	YEAR OF ACQUISITION	ACQUISITION COST	DESCRIPTION
			15 Years or over.		
				TOTAL MARKET VALUE:	
				ASSESSED VALUE:	

CONTINUE ON NEXT PAGE

SECTION 3 – P & E DISTRIBUTION

(GROUP BY YEAR OF ACQUISITION)

YEAR OF ACQUISITION	ACQUISITION COST	DESCRIPTION	YEAR OF ACQUISITION	ACQUISITION COST	DESCRIPTION
			12 Years or over.		
			TOTAL MARKET VALUE:		
			ASSESSED VALUE:		

SECTION 4 – HOUSE DROPS AND CONVERTERS

(GROUP BY YEAR OF ACQUISITION)

YEAR OF ACQUISITION	ACQUISITION COST	DESCRIPTION	YEAR OF ACQUISITION	ACQUISITION COST	DESCRIPTION
			5 Years or over.		
			TOTAL MARKET VALUE:		
			ASSESSED VALUE:		

SECTION 5 – COMPUTERS AND TEST EQUIPMENT

(GROUP BY YEAR OF ACQUISITION)

YEAR OF ACQUISITION	ACQUISITION COST	DESCRIPTION	YEAR OF ACQUISITION	ACQUISITION COST	DESCRIPTION
			5 Years or over.		
			TOTAL MARKET VALUE:		
			ASSESSED VALUE:		

SECTION 6 – LEASEHOLD IMPROVEMENTS AND MISC. PROPERTY

(GROUP BY YEAR OF ACQUISITION)

ITEM	YEAR OF ACQUISITION	ACQUISITION COST	AGE	TABLE NO.	COST MULT.	FAIR MARKET VALUE
TOTAL FAIR MARKET VALUE:						
ASSESSED VALUE:						

SECTION 7 – LEASED, LOANED OR RENTED EQUIPMENT, ETC. (IF NOT SHOWN IN SECTION 1)

(ATTACH LIST SHOWING NAME, ADDRESS, TYPE AND AGE OF PROPERTY, MONTHLY RENTAL)

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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 of 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 _____