

# Parish of Lafayette

## Assessor's Office

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Lafayette, LA 70502-3225

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LAT 15 AIRCRAFT  
SELF REPORTING - PERSONAL PROPERTY FORM

# 2025

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 15**

**LAT 15 - AIRCRAFT**

**2025 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#:

SQUARE FOOTAGES OF BUILDINGS:

TYPE OF BUSINESS:

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

**SECTION 1 - DESCRIPTION OF AIRCRAFT**

(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	
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 \$	

**SECTION 1 - DESCRIPTION OF AIRCRAFT**

(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	
<b>TOTAL ASSESSED VALUE:</b>							

**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
<b>TOTAL FAIR MARKET VALUE:</b>					
				<b>ASSESSED VALUE:</b>	

**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 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 \_\_\_\_\_