

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 5A TAX EXEMPTION ANALYSIS
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.**

LAT5A

NOTE:

You received this form because your firm has real and/or personal property that are under an industrial tax exemption.

According to the terms of your exemption contract, your firm is required to complete and submit this form each year.

Attach/enclose the information requested on additional paper if needed.

Exempt items must be clearly identified as being exempt. Failure to identify the exempt items may cause your report to be rejected and require resubmission.

Failure to submit this form is a violation of your exemption contract and may cause your firm to lose the property tax exemption you currently enjoy.

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:

IMPORTANT!

- USE ATTACHMENT IF NECESSARY
- ATTACH THIS FORM TO FORM LAT 5

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

SECTION 1 - BUILDINGS

YEAR OF ACQUISITION	CONTRACT # - EXEMPTION	ACQUISITION COST	AMOUNT EXEMPT	DIFFERENCE - SUBJECT TO TAX

MACHINERY AND EQUIPMENT

YEAR OF ACQUISITION	CONTRACT # - EXEMPTION	ACQUISITION COST	DESCRIPTION	AMOUNT EXEMPT IN ACQUISITION YEAR	DIFFERENCE - SUBJECT TO TAX

FURNITURE AND FIXTURES

YEAR OF ACQUISITION	CONTRACT # - EXEMPTION	ACQUISITION COST	DESCRIPTION	AMOUNT EXEMPT IN ACQUISITION YEAR	DIFFERENCE - SUBJECT TO TAX

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		

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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 the best of my knowledge and belief is a true, correct and complete return."

SIGNATURE OF TAXPAYER DATE

SIGNATURE OF TAX PREPARER DATE

PRINTED/TYPED NAME OF TAXPAYER

PRINTED/TYPED NAME OF TAX PREPARER