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 6 LOAN & FINANCE COMPANIES 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 6

| LAT 6 – LOA | N AND FINANC | | S | 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 | | | | WARD ASSESSMENT NO. | | | | | | |
| P.O. BOX 3225 | | | | LOCATION ADDRESS: (INDICATE ANY CHANGES) | | | | | | |
| | | E, LA 70502-3 | | | | | | | | |
| NAME/ADDF | RESS (INDICA | ATE ANY CHA | ANGES) | | | | | | | |
| | | | LOCATION ZIP | | | | | | | |
| | | | OWNER/CONTACT | | | | | | | |
| | | | | PERSON: CONTACT'S PHONE: FAX: | | | | | | |
| | | | | E-MAIL: | | | | | | |
| | | | | BUSINESS | | | | | | |
| TYPE OF | | | | TAX ID#: SQUARE FOOTAGES | | | | | | |
| | BUSINESS: OF BUILDINGS: | | | | | | | | | |
| ANALYSIS | OF OUTSTA | | - | | BE BROKEN D | OWN BY CAT | FEGORIES | | | |
| PERIODS | LOANS SECURED BY RECORDED | | LOANS SECURED BY MORTGAGES | | LOANS SECURED BY PERSONAL | | | | | |
| 20 | MORTGAGES ON REAL ESTATE IN LOUISIANA | CHATTEL MORTGAGES ON PROPERTY IN LOUISIANA | ON PROPERTY NOT LOCATED IN LOUISIANA | OR PERSONAL PROPERTY | ENDORSEMENTS | SIGNATURE | TOTAL | | | |
| | COLUMN 1 | COLUMN 2 | COLUMN 3 | COLUMN 4 | COLUMN 5 | COLUMN 6 | | | | |
| JAN. 1 | \$ | \$ | \$ | \$ | \$ | \$ | \$ | | | |
| JAN. 31 | | | | | | | | | | |
| FEB. 28 | | | | | | | | | | |
| MAR. 31 | | | | | | | | | | |
| APR. 30 | | | | | | | | | | |
| MAY 31 | | | | | | | | | | |
| JUN. 30 | | | | | | | | | | |
| JUL. 31 | | | | | | | | | | |
| AUG. 31 | | | | | | | | | | |
| SEP. 30 | | | | | | | | | | |
| OCT. 31 | | | | | | | | | | |
| NOV. 30 | | | | | | | | | | |
| DEC. 31 | | | | | | | | | | |
| TOTALS | \$ | \$ | \$ | \$ | \$ | \$ | \$ | | | |
| AVERAGES | \$ | \$ | \$ | \$ | \$ | \$ | \$ | | | |

| ANALYSIS OF OUTSTANDING PAYABLES – NOTES AND BILLS MUST BE BROKEN DOWN BY CATEGORIES | | | | | | | | | | | |
|---|--|--|--|---|--------------------------|---|----|-----------------|--|--|--|
| PERIODS | NOT SECURED BY CHATTEL | NOTES PAYABLE TO BANKS NOT SECURED BY CHATTEL | MORTGAGE INDEBTEDNESS TO BANKS AND OTHERS | NOTES PAYABLE TO OTHER FINANCE COMPANIES WITH SAME | | NOTES PAYABLE TO ALLIED AND SUBSIDIARY COMPANIES | | TOTAL | | | |
| 20 | MORTGAGE COLUMN 1 | MORTGAGE COLUMN 2 | COLUMN 3 | | IERSHIP .UMN 4 | COLUMN | 5 | | | | |
| JAN. 1 | \$ | \$ | \$ | \$ | | \$ | | \$ | | | |
| JAN. 31 | | | | | | | | | | | |
| FEB. 28 | | | | | | | | | | | |
| MAR. 31 | | | | | | | | | | | |
| APR. 30 | | | | | | | | | | | |
| MAY 31 | | | | | | | | | | | |
| JUN. 30 | | | | | | | | | | | |
| JUL. 31 | | | | | | | | | | | |
| AUG. 31 | | | | | | | | | | | |
| SEP. 30 | | | | | | | | | | | |
| OCT. 31 | | | | | | | | | | | |
| NOV. 30 | | | | | | | | | | | |
| DEC. 31 | | | | | | | | | | | |
| TOTALS | \$ | \$ | \$ | \$ | | \$ | | \$ | | | |
| AVERAGES | \$ | \$ | \$ | \$ | | \$ | | \$ | | | |
| | | REPOSSES | SSED ARTICLES | 6 (Inven | tories) | | | | | | |
| DATE | | | | | | REPOSSESSED VALUE | | ACTUAL VALUE | | | |
| JAN. 1, 20 | | | | | | \$ | | \$ | | | |
| JUL. 1, 20 | | \$ | | \$ | | | | | | | |
| DEC. 31, 20 | | \$ | | \$ | | | | | | | |
| | | | т | OTAL | \$ | | \$ | | | | |
| 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. | | | | | | | | | | |
| | | SIGN | ATURE AND VERIF | | 1 | | | | | | |
| 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 | | | | | | | |
| | PED NAME OF TAXPAYER | PRINTED/TYPED NAME OF TAX PREPARER | | | | | | | | | |