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									