

**LAT 5A – TAX EXEMPT ANALYSIS** **20** **PERSONAL PROPERTY TAX FORM****RETURN TO:** \_\_\_\_\_ **NAME/ADDRESS:** (INDICATE ANY CHANGES) \_\_\_\_\_

**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 1<sup>st</sup> or within forty-five days after receipt, whichever is later, in accordance with RS 47:2324.

**PROPERTY LOCATION:** \_\_\_\_\_ **WARD:** \_\_\_\_\_ **ASSESSMENT NUMBER:** \_\_\_\_\_  
(E911/PHYSICAL ADDRESS)**NAME OF BUSINESS:** \_\_\_\_\_ **TYPE OF BUSINESS:** \_\_\_\_\_  
**OWNER OR CONTACT:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
**EMAIL ADDRESS:** \_\_\_\_\_**IMPORTANT!**

- USE ATTACHMENTS 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 NUMBER EXEMPTION	ACQUISTION COST	AMOUNT OF EXEMPTION	DIFFERENCE SUBJECT TO TAX

**SECTION 2 – MACHINERY AND EQUIPMENT** (EXCLUDE LICENSED MOTOR VEHICLES)  
 (GROUP BY YEAR OF ACQUISITION)

YEAR OF ACQ.	CONTRACT NUMBER EXEMPTION	ACQUISITION COST	DESCRIPTION	YEAR OF ACQUISITION AMOUNT OF EXEMPTION	DIFFERENCE SUBJECT TO TAX

**SECTION 3 – FURNITURE AND FIXTURES**  
 (GROUP BY YEAR OF ACQUISITION)

YEAR OF ACQ.	CONTRACT NUMBER EXEMPTION	ACQUISITION COST	DESCRIPTION	YEAR OF ACQUISITION AMOUNT OF EXEMPTION	DIFFERENCE SUBJECT TO TAX

**SECTION 4 – 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:** \_\_\_\_\_

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

SIGNATURE OF TAXPAYER		DATE		SIGNATURE OF PREPARER		DATE	
PRINTED/TYPED NAME OF TAXPAYER				PRINTED/TYPED NAME OF PREPARER			