

LAT 11A – WATERCRAFT

20__ PERSONAL PROPERTY TAX FORM

(OUTER CONTINENTAL SHELF WATER VESSEL OPERATIONS)

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

PROPERTY LOCATION: (E911/PHYSICAL ADDRESS)					WARD:	ASSESSMENT NUMBER:
NAME OF BUSINESS:					TYPE OF BUSINESS:	
OWNER OR CONTACT:					PHONE NUMBER:	
LOCATION (IF DIFFERENT FROM MAILING ADDRESS)					FEDERAL ID NO.:	
					STATE ID NO.:	

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

VESSEL REGISTRATION NUMBER	NAME OF VESSEL		COST INCL. EQMT. & ACCS.	YEAR ACQ.	YEAR BUILT	LENGTH & BREADTH	LOCATION (PARISH OR DOCKING POINT)		FAIR MARKET VALUE	ASSESSED VALUE		
							JANUARY 1	PREVIOUS YEAR				
						X						
DAYS WORKED	HORSE-POWER	TYPE OF VESSEL	HULL MATERIAL	NO. OF SCREWS	TYPE, IF BARGE	SELF PROPELLED	EFF. AGE	COST MULT.				
						<input type="checkbox"/> YES						
WORKED PER MON.:	JAN.	FEB.	MAR.	APR.	MAY	JUN.	JUL.	AUG.	SEPT.	OCT.	NOV.	DEC.
						X						
DAYS WORKED	HORSE-POWER	TYPE OF VESSEL	HULL MATERIAL	NO. OF SCREWS	TYPE, IF BARGE	SELF PROPELLED	EFF. AGE	COST MULT.				
						<input type="checkbox"/> YES						
WORKED PER MON.:	JAN.	FEB.	MAR.	APR.	MAY	JUN.	JUL.	AUG.	SEPT.	OCT.	NOV.	DEC.
						X						
DAYS WORKED	HORSE-POWER	TYPE OF VESSEL	HULL MATERIAL	NO. OF SCREWS	TYPE, IF BARGE	SELF PROPELLED	EFF. AGE	COST MULT.				
						<input type="checkbox"/> YES						
WORKED PER MON.:	JAN.	FEB.	MAR.	APR.	MAY	JUN.	JUL.	AUG.	SEPT.	OCT.	NOV.	DEC.
						X						
DAYS WORKED	HORSE-POWER	TYPE OF VESSEL	HULL MATERIAL	NO. OF SCREWS	TYPE, IF BARGE	SELF PROPELLED	EFF. AGE	COST MULT.				
						<input type="checkbox"/> YES						
WORKED PER MON.:	JAN.	FEB.	MAR.	APR.	MAY	JUN.	JUL.	AUG.	SEPT.	OCT.	NOV.	DEC.
						X						
DAYS WORKED	HORSE-POWER	TYPE OF VESSEL	HULL MATERIAL	NO. OF SCREWS	TYPE, IF BARGE	SELF PROPELLED	EFF. AGE	COST MULT.				
						<input type="checkbox"/> YES						
WORKED PER MON.:	JAN.	FEB.	MAR.	APR.	MAY	JUN.	JUL.	AUG.	SEPT.	OCT.	NOV.	DEC.

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					
<p>"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. I further declare, under the same noted penalties, that no application of Act No. 59 and/or R.S. 47:2108.1 refunds shall be duplicated on any of the vessels listed herein and that if any of the above vessel(s)'s assessment taxes are subsequently paid under protest to the Tax Collector that I shall immediately file a notarized statement attachment to this report, with a notarized copy also filed along with the Department of Revenue and Taxation, income or corporate income tax copy, at the time of Act No. 59 of 1994 refund application."</p>					
SIGNATURE OF TAXPAYER			SIGNATURE OF PREPARER		
DATE			DATE		
PRINTED/TYPED NAME OF TAXPAYER			PRINTED/TYPED NAME OF PREPARER		

ASSESSOR COPY

LAT 11A – WATERCRAFT **PERSONAL PROPERTY TAX FORM**

(OUTER CONTINENTAL SHELF WATER VESSEL OPERATIONS)

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

PROPERTY LOCATION: (E911/PHYSICAL ADDRESS)	WARD:	ASSESSMENT NUMBER:
NAME OF BUSINESS:	TYPE OF BUSINESS:	
OWNER OR CONTACT:	PHONE NUMBER:	
LOCATION (IF DIFFERENT FROM MAILING ADDRESS)	FEDERAL ID NO.:	
	STATE ID NO.:	

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

VESSEL REGISTRATION NUMBER	NAME OF VESSEL		COST INCL. EQMT. & ACCS.	YEAR ACQ.	YEAR BUILT	LENGTH & BREADTH	LOCATION (PARISH OR DOCKING POINT)	
							JANUARY 1	PREVIOUS YEAR
						X		

DAYS WORKED	HORSE-POWER	TYPE OF VESSEL	HULL MATERIAL	NO. OF SCREWS	TYPE, IF BARGE	SELF PROPELLED	EFF. AGE	COST MULT.	FAIR MARKET VALUE	ASSESSED VALUE
						<input type="checkbox"/> YES				

WORKED PER MON.: JAN. FEB. MAR. APR. MAY JUN. JUL. AUG. SEPT. OCT. NOV. DEC.

VESSEL REGISTRATION NUMBER	NAME OF VESSEL		COST INCL. EQMT. & ACCS.	YEAR ACQ.	YEAR BUILT	LENGTH & BREADTH	LOCATION (PARISH OR DOCKING POINT)	
							JANUARY 1	PREVIOUS YEAR
						X		

DAYS WORKED	HORSE-POWER	TYPE OF VESSEL	HULL MATERIAL	NO. OF SCREWS	TYPE, IF BARGE	SELF PROPELLED	EFF. AGE	COST MULT.	FAIR MARKET VALUE	ASSESSED VALUE
						<input type="checkbox"/> YES				

WORKED PER MON.: JAN. FEB. MAR. APR. MAY JUN. JUL. AUG. SEPT. OCT. NOV. DEC.

VESSEL REGISTRATION NUMBER	NAME OF VESSEL		COST INCL. EQMT. & ACCS.	YEAR ACQ.	YEAR BUILT	LENGTH & BREADTH	LOCATION (PARISH OR DOCKING POINT)	
							JANUARY 1	PREVIOUS YEAR
						X		

DAYS WORKED	HORSE-POWER	TYPE OF VESSEL	HULL MATERIAL	NO. OF SCREWS	TYPE, IF BARGE	SELF PROPELLED	EFF. AGE	COST MULT.	FAIR MARKET VALUE	ASSESSED VALUE
						<input type="checkbox"/> YES				

WORKED PER MON.: JAN. FEB. MAR. APR. MAY JUN. JUL. AUG. SEPT. OCT. NOV. DEC.

VESSEL REGISTRATION NUMBER	NAME OF VESSEL		COST INCL. EQMT. & ACCS.	YEAR ACQ.	YEAR BUILT	LENGTH & BREADTH	LOCATION (PARISH OR DOCKING POINT)	
							JANUARY 1	PREVIOUS YEAR
						X		

DAYS WORKED	HORSE-POWER	TYPE OF VESSEL	HULL MATERIAL	NO. OF SCREWS	TYPE, IF BARGE	SELF PROPELLED	EFF. AGE	COST MULT.	FAIR MARKET VALUE	ASSESSED VALUE
						<input type="checkbox"/> YES				

WORKED PER MON.: JAN. FEB. MAR. APR. MAY JUN. JUL. AUG. SEPT. OCT. NOV. DEC.

VESSEL REGISTRATION NUMBER	NAME OF VESSEL		COST INCL. EQMT. & ACCS.	YEAR ACQ.	YEAR BUILT	LENGTH & BREADTH	LOCATION (PARISH OR DOCKING POINT)	
							JANUARY 1	PREVIOUS YEAR
						X		

DAYS WORKED	HORSE-POWER	TYPE OF VESSEL	HULL MATERIAL	NO. OF SCREWS	TYPE, IF BARGE	SELF PROPELLED	EFF. AGE	COST MULT.	FAIR MARKET VALUE	ASSESSED VALUE
						<input type="checkbox"/> YES				

WORKED PER MON.: JAN. FEB. MAR. APR. MAY JUN. JUL. AUG. SEPT. OCT. NOV. DEC.

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					
<p>"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. I further declare, under the same noted penalties, that no application of Act No. 59 and/or R.S. 47:2108.1 refunds shall be duplicated on any of the vessels listed herein and that if any of the above vessel(s)'s assessment taxes are subsequently paid under protest to the Tax Collector that I shall immediately file a notarized statement attachment to this report, with a notarized copy also filed along with the Department of Revenue and Taxation, income or corporate income tax copy, at the time of Act No. 59 of 1994 refund application."</p>					
SIGNATURE OF TAXPAYER			SIGNATURE OF PREPARER		
DATE			DATE		
PRINTED/TYPED NAME OF TAXPAYER			PRINTED/TYPED NAME OF PREPARER		

DEPARTMENT OF REVENUE & TAXATION, INCOME OR CORPORATE INCOME TAX COPY