

<p>CONFIDENTIAL: RS 47:2327. Forms filed by a taxpayer shall be used by the assessor, the governing authority, and Louisiana Tax Commission solely for the purpose of administering this statute.</p>	<p>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.</p>
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LAT 4 REAL PROPERTY TAX REPORT – COMMERCIAL AND INDUSTRIAL YEAR

RETURN TO:	WARD	ASSESSEMENT NO.
STREET ADDRESS OF PROPERTY	NAME/ADDRESS (Indicate any Changes)	
MONTHLY INCOME:	SECTION 1. LAND DATA	
ANNUAL INCOME:	DIMENSIONS: FRONT ____ X ____ X ____	
AMOUNT OF INSURANCE:	COST IF PURCHASED AS VACANT LAND: \$ ____	
	DATE OF PURCHASE: ____ ZONING ____	
	LOT DATA: <input type="checkbox"/> CORNER LOT <input type="checkbox"/> INSIDE LOT	
	LAND USE: <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL	

CHECK OR FILL IN THE APPROPRIATE SPACES – USE ATTACHMENTS IF NEEDED

SECTION 2. BUILDING DATA											
AGE OF BUILDING ____ YRS DATE OF ACQUISITION ____ COST OF BUILDING \$ ____											
<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center; border-bottom: 1px solid black;">CLASS</th> </tr> <tr> <td style="font-size: small;"> <input type="checkbox"/> MEDICAL <input type="checkbox"/> OFFICE <input type="checkbox"/> MOTEL <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> INDUSTRY <input type="checkbox"/> PARKING <input type="checkbox"/> SERVICE STATION <input type="checkbox"/> COCKTAIL LOUNGE <input type="checkbox"/> STORE <input type="checkbox"/> GENERAL BUSINESS <input type="checkbox"/> BANK <input type="checkbox"/> OTHER ____ <input type="checkbox"/> HOTEL </td> </tr> </table>	CLASS	<input type="checkbox"/> MEDICAL <input type="checkbox"/> OFFICE <input type="checkbox"/> MOTEL <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> INDUSTRY <input type="checkbox"/> PARKING <input type="checkbox"/> SERVICE STATION <input type="checkbox"/> COCKTAIL LOUNGE <input type="checkbox"/> STORE <input type="checkbox"/> GENERAL BUSINESS <input type="checkbox"/> BANK <input type="checkbox"/> OTHER ____ <input type="checkbox"/> HOTEL	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center; border-bottom: 1px solid black;">CONDITION</th> </tr> <tr> <td style="font-size: small;"> <input type="checkbox"/> ABOVE AVERAGE <input type="checkbox"/> AVERAGE <input type="checkbox"/> BELOW AVERAGE </td> </tr> </table>	CONDITION	<input type="checkbox"/> ABOVE AVERAGE <input type="checkbox"/> AVERAGE <input type="checkbox"/> BELOW AVERAGE	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center; border-bottom: 1px solid black;">QUALITY</th> </tr> <tr> <td style="font-size: small;"> <input type="checkbox"/> LOW <input type="checkbox"/> FAIR <input type="checkbox"/> AVERAGE <input type="checkbox"/> GOOD <input type="checkbox"/> VERY GOOD </td> </tr> </table>	QUALITY	<input type="checkbox"/> LOW <input type="checkbox"/> FAIR <input type="checkbox"/> AVERAGE <input type="checkbox"/> GOOD <input type="checkbox"/> VERY GOOD	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center; border-bottom: 1px solid black;">STYLE</th> </tr> <tr> <td style="font-size: small;"> NO. OF STORIES SPLIT LEVEL 1 ½ STORY WALL HEIGHT </td> </tr> </table>	STYLE	NO. OF STORIES SPLIT LEVEL 1 ½ STORY WALL HEIGHT
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<p align="center">FLOOR COVERING</p> CARPET _____ % HARDWOOD _____ % VINYL ASBESTOS _____ % FANCY STONE _____ % CONCRETE _____ % OTHER _____ %	<p align="center">PLUMBING</p> NUMBER OF FIXTURES _____ NUMBER OF ROUG-INS _____	<p align="center">INTERIOR WALLS</p> DRYWALL/PLASTER _____ % PANELING _____ % CONCRETE BLOCK/TILE _____ % INSULATION YES NO <input type="checkbox"/> <input type="checkbox"/>	

ATTACH RECENT PHOTOGRAPH OF BUILDING

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 that this return has been examined by me and to the best of my knowledge and belief is a true, correct and complete return. If the return is prepared by other than the taxpayer, his declaration is base on all information relating to the matters required to the reported in the return of which he has knowledge.		
SIGNATURE OF TAXPAYER	DATE	
PRINTED/TYPED NAME OF TAXPAYER		