CONFIDENTIAL: (RS 47:2327) FORMS FILED BY A TAXPAYER SHALL BE USED BY THE ASSESSOR, THE GOVERNING AUTHORITY, AND THE LOUISIANA TAX COMMISSION SOLELY FOR THE PURPOSE OF ADMINISTERING THIS STATUTE.

LEGAL CITATION AND INSTRUCTIONS: THIS REPORT SHALL BE FILED WITH THE ASSESSOR OF THE PARISH INDICATED BY APRIL 1ST OR WITHIN 45 DAYS AFTER RECEIPT, WHICHEVER IS LATER, IN ACCORDANDCE WITH RS 47:2324.

LAT 14 PERSONAL PROPERTY REPORT- PIPELINES YEAR

RETURN TO:	WARD	ASSESSMENT NO.
R. TODD DUGAS, CLA ST. MARTIN PARISH ASSESSOR 415 ST. MARTIN STREET ST. MARTINVILLE, LA 70582		NAME/ADDRESS (Indicate any Changes)
NAME OF BUSINESS		
TYPE OF BUSINESS		
LOCATION (if different from mailing address)		
OWNER/PERSON TO CONTACT		
PHONE EMAIL		

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

(USE SEPARATE REPORT FOR EACH WARD AND TAX DISTRICT)

SIZE IN INCHES	TYPE	AGE	LENGTH – IN FEET OR MILES	COST NEW PER FT/MILE	FAIR MARKET VALUE	EFFECTIVE AGE	ASSESSED VALUE
					TOTAL ASSESSED VALUE		

SIGNATURE AND VERIFICATION

I declare that under the penalties for filing false reports that this return has been examined by me 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 based on all the information relating to the matters required to be reported in the return of which he has knowledge.

_____ _____

Signature of Taxpayer Date

(USE SEPARATE REPORT FOR EACH WARD AND TAX DISTRICT)

SIZE IN INCHES	TYPE	AGE	LENGTH – IN FEET OR MILES	COST NEW PER FT/MILE	FAIR MARKET VALUE	EFFECTIVE AGE	ASSESSED VALUE
					TOTAL ASSESSED VALUE		

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	

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." "This return must be signed by the taxpayer, authorized officer or partner and by the preparer before a Notary Public."

_____ _____ _____ _____

SIGNATURE OF TAXPAYER **DATE** **SIGNATURE OF PREPARER** **DATE**

Sworn to and subscribed before me this

_____ day of _____ 20 _____

_____

Sworn to and subscribed before me this

_____ day of _____ 20 _____

_____