

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 ACCORDANCE WITH RS 47:2324.

LAT 15 PERSONAL PROPERTY REPORT- AIRCRAFT YEAR

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

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

LIST BELOW ALL AIRCRAFT OWNED AS OF JANUARY 1ST

REGISTRATION NUMBER	SERIAL NUMBER	NAME OF MANUFACTURER			MODEL	ACQUISITION COST	YEAR OF ACQUISITION
USE	GROSS WEIGHT	EFFECTIVE AGE	TABLE NUMBER	COST MULTIPLIER	FAIR MARKET VALUE	ASSESSED VALUE	
REGISTRATION NUMBER	SERIAL NUMBER	NAME OF MANUFACTURER			MODEL	ACQUISITION COST	YEAR OF ACQUISITION
USE	GROSS WEIGHT	EFFECTIVE AGE	TABLE NUMBER	COST MULTIPLIER	FAIR MARKET VALUE	ASSESSED VALUE	
TOTAL ASSESSED VALUE							

IF YOUR AIRCRAFT HAS BEEN SOLD, PLEASE FURNISH THE INFORMATION BELOW AND RETURN TO THE ASSESSOR'S OFFICE.

SOLD TO: _____ REG. NO.: _____
 ADDRESS: _____ DATE OF SALE: _____
 CITY & STATE: _____ ZIP: _____ AMOUNT: \$ _____

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

LIST BELOW ALL AIRCRAFT OWNED AS OF JANUARY 1ST

REGISTRATION NUMBER	SERIAL NUMBER	NAME OF MANUFACTURER			MODEL	ACQUISITION COST	YEAR OF ACQUISITION
USE	GROSS WEIGHT	EFFECTIVE AGE	TABLE NUMBER	COST MULTIPLIER	FAIR MARKET VALUE	ASSESSED VALUE	
REGISTRATION NUMBER	SERIAL NUMBER	NAME OF MANUFACTURER			MODEL	ACQUISITION COST	YEAR OF ACQUISITION
USE	GROSS WEIGHT	EFFECTIVE AGE	TABLE NUMBER	COST MULTIPLIER	FAIR MARKET VALUE	ASSESSED VALUE	
TOTAL ASSESSED VALUE							

CONSIGNEE 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. 114:125; up to 500.00 fine or imprisonment for one year or both, plus additional penalties defined in Act 553 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

Sworn to and subscribed before me this

_____ day of _____ 20 _____

_____ day of _____ 20 _____

NOTARY PUBLIC

NOTARY PUBLIC