

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.

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.

LAT 1 REAL PROPERTY TAX REPORT – RESIDENTIAL OR HOMEOWNER’S YEAR

RETURN TO:	WARD	ASSESSMENT NO.
NAME/ADDRESS (INDICATE ANY CHANGES)	Street Address of Property	
	Legal Description	

SECTION 1. LAND DATA (COMPLETE APPROPRIATE PART)

PART 1. LOT DATA	PART 2. ACREAGE DATA
DIMENSIONS: FRONT _____ x _____ x _____ COST IF PURCHASED AS VACANT LAND: \$ _____ DATE OF PURCHASE: _____ ZONING: _____ <input type="checkbox"/> OPEN DITCH <input type="checkbox"/> SIDEWALK, CURB, GUTTER <input type="checkbox"/> CURB, GUTTER	TOTAL NUMBER OF ACRES _____ CONSISTING OF: _____ CLEARED _____ TIMBER _____ MARSH _____ MISC. COST IF PURCHASED AS VACANT LAND: \$ _____ DATE OF PURCHASE: _____ BOUNDARIES: NORTH _____ SOUTH _____ EAST _____ WEST _____ "LAND USE VALUE" APPLIED FOR: <input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION 2. IMPROVEMENT DATA (IF MORE THAN ONE BUILDING – USE ADDITIONAL FORM)

LIVING AREA _____ SQ. FT. CEILING INSULATION: YES NO AGE: _____ YRS DATE OF ACQUISITION: _____

TOTAL COST: \$ _____ BUILDING ONLY BUILDING & LAND NO. BATHS: FULL _____ HALF _____ ROUGH-INS _____

NUMBER OF BEDROOMS: _____ OTHER ROOMS: KITCHEN STUDY DEN LIVING RM. DINING RM. UTILITY OTHER

GARAGE _____ SQ. FT. FINISHED UNFINISHED ATTACHED TO HOUSE DETACHED FROM HOUSE 1 CAR 2 CAR 3 CAR

CARPORT _____ SQ. FT. 1 CAR 2 CAR 3 CARS OR MORE

PORCHES: NO. 1 SQ. FT. _____ COVERED UNCOVERED FINISHED CEILING UNFINISHED CEILING
NO. 2 SQ. FT. _____ COVERED UNCOVERED FINISHED CEILING UNFINISHED CEILING

PATIO: NO. 1 SQ. FT. _____ COVERED UNCOVERED FINISHED CEILING UNFINISHED CEILING
NO. 2 SQ. FT. _____ COVERED UNCOVERED FINISHED CEILING UNFINISHED CEILING

BUILT IN APPLIANCES: OVEN RANGE DISHWASHER DISPOSAL REFRIGERATOR RANGE HOOD & FAN
 KITCHEN OR BATH EXHAUST FAN TRASH COMPACTOR MICROWAVE OVEN

AMOUNT OF INSURANCE: \$ _____ IF RENTED, WHAT IS RENT \$ _____ MONTH / YEAR

ARE THERE ANY FACTORS THAT MAY INCREASE OR DECREASE THE VALUE OF THIS PROPERTY? _____

IS THIS IMPROVEMENT A MOBILE HOME? YES NO

IF YES: MAKE _____ MODEL _____ COLOR _____ SERIAL NUMBER _____

BUILDING DATA					
TYPE <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> TOWN HOUSE <input type="checkbox"/> MOBILE HOME <input type="checkbox"/> OUT BUILDING <input type="checkbox"/> DOUBLE <input type="checkbox"/> TRIPLE <input type="checkbox"/> FOURPLEX	CONDITION <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> AVERAGE <input type="checkbox"/> GOOD <input type="checkbox"/> VERY GOOD	STORIES <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 ½ FINISHED <input type="checkbox"/> 1 ½ UNFINISHED <input type="checkbox"/> END ROW <input type="checkbox"/> INSIDE ROW <input type="checkbox"/> BASEMENT	QUALITY <input type="checkbox"/> LOW <input type="checkbox"/> FAIR <input type="checkbox"/> AVERAGE <input type="checkbox"/> GOOD <input type="checkbox"/> VERY GOOD	EXTERIOR SIDING <input type="checkbox"/> STUCCO <input type="checkbox"/> ASBESTOS/ALUMINUM <input type="checkbox"/> MASONRY VENEER <input type="checkbox"/> COMMON BRICK <input type="checkbox"/> FACE BRICK OR STONE <input type="checkbox"/> CONCRETE BLOCK <input type="checkbox"/> CEDAR <input type="checkbox"/> WOOD	FOUNDATION <input type="checkbox"/> PIERS <input type="checkbox"/> CONTINUOUS PIER <input type="checkbox"/> SLAB <input type="checkbox"/> _____
ROOFING <input type="checkbox"/> COMPOSITION <input type="checkbox"/> WOOD SHINGLE <input type="checkbox"/> MFG. STEEL <input type="checkbox"/> BUILD UP TAR & GRAVEL <input type="checkbox"/> SLATE OR TILE <input type="checkbox"/> TIN <input type="checkbox"/> _____	HEATING & COOLING <input type="checkbox"/> FORCED AIR – WINDOW UNITS <input type="checkbox"/> SPACE <input type="checkbox"/> FLOOR OR WALL FURNACE <input type="checkbox"/> CENTRAL AIR <input type="checkbox"/> HEAT PUMP <input type="checkbox"/> SOLAR <input type="checkbox"/> _____	FLOOR COVERING <input type="checkbox"/> CARPET _____% <input type="checkbox"/> CERAMIC TILE / HARDWOOD _____% <input type="checkbox"/> LINOLEUM _____% <input type="checkbox"/> STONE _____% <input type="checkbox"/> OTHER _____%	FIRE PLACES NO. ___ 1 STORY SINGLE ___ 2 STORY SINGLE ___ 1 STORY DBL. ___ 2 STORY DBL.	EXTRA FEATURES <input type="checkbox"/> SWIMMING POOL <input type="checkbox"/> TENNIS COURT <input type="checkbox"/> ELEVATOR <input type="checkbox"/> GREEN HOUSE <input type="checkbox"/> LAWN SPRINKLER <input type="checkbox"/> BOAT HOUSE <input type="checkbox"/> PIER <input type="checkbox"/> SMOKE ALARM <input type="checkbox"/> RADIO/INTERCOM <input type="checkbox"/> _____	SITE DATA <input type="checkbox"/> CONCRETE ST. <input type="checkbox"/> BLACK TOP ST. <input type="checkbox"/> SHELL/GRAV. <input type="checkbox"/> ELECTRICITY <input type="checkbox"/> PUBLIC WATER <input type="checkbox"/> GAS <input type="checkbox"/> PUBLIC SEWER <input type="checkbox"/> SEPTIC TANK <input type="checkbox"/> WATER WELL <input type="checkbox"/> _____

ATTACH RECENT PHOTOGRAPH OF BUILDING
 ADDITIONAL LIVEABLE IMPROVEMENTS – EXPLAIN

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