

**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 1<sup>ST</sup> OR WITHIN 45 DAYS AFTER RECEIPT, WHICHEVER IS LATER, IN ACCORDANCE WITH RS 47:2324.**

- USE ATTACHMENTS IF NECESSARY
- ATTACH THIS FORM TO FORM LAT 5

**LAT 5A PERSONAL PROPERTY TAX REPORT – TAX EXEMPTION ANALYSIS 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)	

**BUILDINGS**

Year of Acquisition	Contract # - Exemption	Acquisition Cost	Amount Exempt	Difference – Subject to Tax

(OVER)

### MACHINERY AND EQUIPMENT

Year of Acquisition	Contract # - Exemption	Acquisition Cost	Amount Exempt	Difference - Subject to Tax

### FURNITURE AND FIXTURES

Year of Acquisition	Contract # - Exemption	Acquisition Cost	Amount Exempt	Difference - Subject to Tax

### CONSIGNED GOODS, LEASED, LOANED OR RENTED EQUIPMENT, FURNITURE, ETC,

NAME AND ADDRESS	PROPERTY DESCRIPTION	AGE	MONTHLY RENTAL	PRESENT DAY SELLING PRICE	FAIR MARKET VALUE
<b>TOTAL FAIR MARKET VALUE</b>					
<b>ASSESSED VALUE</b>					

#### 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 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

\_\_\_\_\_  
Taxpayer Email Address

\_\_\_\_\_  
Taxpayer Phone #