

LAT 11 – WATERCRAFT **20** **PERSONAL PROPERTY TAX FORM**

RETURN TO: NAME/ADDRESS: (INDICATE ANY CHANGES)
 Bossier Parish Assessor's Office
 P.O. Box 325
 Benton, LA 71006-0325

CONFIDENTIAL RS: 47:2327. Only the Assessor, the governing authority, and Louisiana Tax Commission shall use this form filled out by the taxpayer 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.

PROPERTY LOCATION: (E911/PHYSICAL ADDRESS) WARD: ASSESSMENT NUMBER:
 NAME OF BUSINESS: TYPE OF BUSINESS:
 OWNER OR CONTACT: PHONE NUMBER:

LOCATION (IF DIFFERENT FROM MAILING ADDRESS):
SHADED AREAS FOR ASSESSOR'S USE ONLY – USE ATTACHMENTS IF NECESSARY

SECTION 1 – VESSELS

VESSEL REGISTRATION NUMBER	NAME OF VESSEL						COST INCL. EQMT. & ACCS.	YEAR ACQ.	YEAR BUILT	LENGTH & BREADTH	LOCATION (PARISH OR DOCKING POINT)	
											JANUARY 1	PREVIOUS YEAR
										X		
DAYS WORKED PRIOR YR	HORSE-POWER	TYPE OF VESSEL	HULL MATERIAL	NO. OF SCREWS	TYPE, IF BARGE	SELF PROPELLED	EFF. AGE	COST MULT.	FAIR MARKET VALUE		ASSESSED VALUE	
						<input type="checkbox"/> YES						

WORKED PER MON.: JAN. FEB. MAR. APR. MAY JUN. JUL. AUG. SEPT. OCT. NOV. DEC.

VESSEL REGISTRATION NUMBER	NAME OF VESSEL						COST INCL. EQMT. & ACCS.	YEAR ACQ.	YEAR BUILT	LENGTH & BREADTH	LOCATION (PARISH OR DOCKING POINT)	
											JANUARY 1	PREVIOUS YEAR
										X		
DAYS WORKED PRIOR YR	HORSE-POWER	TYPE OF VESSEL	HULL MATERIAL	NO. OF SCREWS	TYPE, IF BARGE	SELF PROPELLED	EFF. AGE	COST MULT.	FAIR MARKET VALUE		ASSESSED VALUE	
						<input type="checkbox"/> YES						

WORKED PER MON.: JAN. FEB. MAR. APR. MAY JUN. JUL. AUG. SEPT. OCT. NOV. DEC.

VESSEL REGISTRATION NUMBER	NAME OF VESSEL						COST INCL. EQMT. & ACCS.	YEAR ACQ.	YEAR BUILT	LENGTH & BREADTH	LOCATION (PARISH OR DOCKING POINT)	
											JANUARY 1	PREVIOUS YEAR
										X		
DAYS WORKED PRIOR YR	HORSE-POWER	TYPE OF VESSEL	HULL MATERIAL	NO. OF SCREWS	TYPE, IF BARGE	SELF PROPELLED	EFF. AGE	COST MULT.	FAIR MARKET VALUE		ASSESSED VALUE	
						<input type="checkbox"/> YES						

WORKED PER MON.: JAN. FEB. MAR. APR. MAY JUN. JUL. AUG. SEPT. OCT. NOV. DEC.

SECTION 1 – VESSELS

VESSEL	NAME OF VESSEL					LOCATION (PARISH OR DOCKING POINT)

REGISTRATION NUMBER				COST INCL. EQMT. & ACCS.		YEAR ACQ.	YEAR BUILT	LENGTH & BREADTH		JANUARY 1		PREVIOUS YEAR		
								X						
DAYS WORKED PRIOR YR	HORSE-POWER	TYPE OF VESSEL	HULL MATERIAL	NO. OF SCREWS	TYPE, IF BARGE	SELF PROPELLED	EFF. AGE	COST MULT.	FAIR MARKET VALUE		ASSESSED VALUE			
						<input type="checkbox"/> YES								
WORKED PER MON.:														
JAN.	FEB.	MAR.	APR.	MAY	JUN.	JUL.	AUG.	SEPT.	OCT.	NOV.	DEC.			
VESSEL REGISTRATION NUMBER		NAME OF VESSEL		COST INCL. EQMT. & ACCS.		YEAR ACQ.	YEAR BUILT	LENGTH & BREADTH		LOCATION <small>(PARISH OR DOCKING POINT)</small>				
								X		JANUARY 1		PREVIOUS YEAR		
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						<input type="checkbox"/> YES								
WORKED PER MON.:														
JAN.	FEB.	MAR.	APR.	MAY	JUN.	JUL.	AUG.	SEPT.	OCT.	NOV.	DEC.			
SECTION 2 – 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:														
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 (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."														
SIGNATURE OF TAXPAYER						DATE			SIGNATURE OF PREPARER			DATE		
PRINTED/TYPED NAME OF TAXPAYER						TITLE			PRINTED/TYPED NAME OF PREPARER					
MAILING ADDRESS						EMAIL ADDRESS			PHONE NUMBER					

Instructions: This Verification Form shall be completed and filed with the assessor whenever materials or documents are submitted to an assessor in addition to a personal property taxpayer's business's property tax rendition(s) (LAT Forms). This Form shall be filed contemporaneously with the taxpayer's other LAT filings.

ASSESSMENT NUMBER(S):

NAME OF BUSINESS:

SIGNATURE AND VERIFICATION

The undersigned declares, under the penalty of perjury and the penalties for filing false reports, the following:

1. that he/she is a bona fide representative of the business identified above;
2. that the materials and documents furnished to the assessor along with the above identified business's property tax rendition(s) (LAT Forms) have been examined by me and to the best of my knowledge and belief, are true, correct, and complete; and
3. that he/she has personal knowledge and information in order to verify the accuracy of the information contained in the materials and documents furnished to the assessor along with the above identified business's property tax rendition(s) (LAT Forms).

SIGNATURE

DATE

PRINTED NAME

TITLE

EMAIL ADDRESS

PHONE NUMBER

MAILING ADDRESS