

LAT 15 – AIRCRAFT **20 PERSONAL PROPERTY TAX FORM**

RETURN TO: _____ NAME/ADDRESS: (INDICATE ANY CHANGES) _____

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: _____
 CONTACT NAME: _____ PHONE: _____

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

SECTION 1 – DESCRIPTION OF AIRCRAFT *(LIST BELOW ALL AIRCRAFT OWNED AS OF JANUARY 1ST)*

REGISTRATION NUMBER	SERIAL NUMBER	NAME OF MANUFACTURER	AYS CONTRACTED	MODEL	ACQUISITION COST	YEAR OF ACQUISITION
USE	GROSS WEIGHT	# DAYS CONTRACTED	COST MULT.	FAIR MARKET VALUE	ASSESSED VALUE	
REGISTRATION NUMBER	SERIAL NUMBER	NAME OF MANUFACTURER	MODEL	ACQUISITION COST	YEAR OF ACQUISITION	
USE	GROSS WEIGHT	# DAYS CONTRACTED	COST MULT.	FAIR MARKET VALUE	ASSESSED VALUE	
REGISTRATION NUMBER	SERIAL NUMBER	NAME OF MANUFACTURER	MODEL	ACQUISITION COST	YEAR OF ACQUISITION	
USE	GROSS WEIGHT	# DAYS CONTRACTED	COST MULT.	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:	

SECTION 1 – DESCRIPTION OF AIRCRAFT *(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	# DAYS CONTRACTED	COST MULT.	FAIR MARKET VALUE	ASSESSED VALUE
REGISTRATION NUMBER	SERIAL NUMBER	NAME OF MANUFACTURER	MODEL	ACQUISITION COST	YEAR OF ACQUISITION
USE	GROSS WEIGHT	# DAYS CONTRACTED	COST MULT.	FAIR MARKET VALUE	ASSESSED VALUE

TOTAL ASSESSED VALUE: _____

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 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			SIGNATURE OF PREPARER		
DATE			DATE		
PRINTED/TYPED NAME OF TAXPAYER			PRINTED/TYPED NAME OF PREPARER		