

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 4 REAL PROPERTY TAX REPORT – COMMERCIAL AND INDUSTRIAL YEAR

RETURN TO:	WARD	ASSESSMENT NO.
NAME/ADDRESS (Indicate any Changes)		
STREET ADDRESS OF PROPERTY		
MONTHLY INCOME:	SECTION 1. LAND DATA	
ANNUAL INCOME:	DIMENSIONS: FRONT ___ X ___ X ___	
AMOUNT OF INSURANCE:	COST IF PURCHASED AS VACANT LAND: \$ ____	
	DATE OF PURCHASE: ___ ZONING ___	
	LOT DATA: <input type="checkbox"/> CORNER LOT	<input type="checkbox"/> INSIDE LOT
	LAND USE: <input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> INDUSTRIAL

CHECK OR FILL IN THE APPROPRIATE SPACES – USE ATTACHMENTS IF NEEDED

SECTION 2. BUILDING DATA				
AGE OF BUILDING ___ YRS DATE OF ACQUISITION ___ COST OF BUILDING \$ ____				
CLASS <input type="checkbox"/> MEDICAL <input type="checkbox"/> MOTEL <input type="checkbox"/> INDUSTRY <input type="checkbox"/> SERVICE STATION <input type="checkbox"/> STORE <input type="checkbox"/> BANK <input type="checkbox"/> HOTEL <input type="checkbox"/> OFFICE <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> PARKING <input type="checkbox"/> COCKTAIL LOUNGE <input type="checkbox"/> GENERAL BUSINESS <input type="checkbox"/> OTHER ____		CONDITION <input type="checkbox"/> ABOVE AVERAGE <input type="checkbox"/> AVERAGE <input type="checkbox"/> BELOW AVERAGE	QUALITY <input type="checkbox"/> LOW <input type="checkbox"/> FAIR <input type="checkbox"/> AVERAGE <input type="checkbox"/> GOOD <input type="checkbox"/> VERY GOOD	STYLE NO. OF STORIES SPLIT LEVEL 1 ½ STORY WALL HEIGHT
BASIC STRUCTURE <input type="checkbox"/> STEEL FRAME <input type="checkbox"/> WOOD FRAME <input type="checkbox"/> REINFORCED CONCRETE <input type="checkbox"/> OTHER	FOUNDATION <input type="checkbox"/> PIERS <input type="checkbox"/> RUNNING PIERS <input type="checkbox"/> SLAB <input type="checkbox"/> OTHER	EXTERIOR WALL <input type="checkbox"/> STUCCO <input type="checkbox"/> SIDING , SHINGLE OR METAL <input type="checkbox"/> BRICK VENEER <input type="checkbox"/> COMMON BRICK <input type="checkbox"/> FACE BRICK OR STONE <input type="checkbox"/> CONCRETE BLOCK	HEATING AND A/C <input type="checkbox"/> FLOOR FURNACE <input type="checkbox"/> PANEL WALL <input type="checkbox"/> HEAT & A/C <input type="checkbox"/> RADIANT <input type="checkbox"/> ELECTRIC <input type="checkbox"/> CENTRAL HOT AIR <input type="checkbox"/> SPACE <input type="checkbox"/> CEILING <input type="checkbox"/> WINDOW UNITS	

<p align="center">BASEMENT</p> <input type="checkbox"/> CONCRETE <input type="checkbox"/> CINDER BLOCK <input type="checkbox"/> OUTSIDE BELOW <p align="center">GRADE ENTRANCE</p> <input type="checkbox"/> UNFINISHED SQ. FT <input type="checkbox"/> FINISHED SQ. FT	<p align="center">FLOOR AREAS</p> 1 ST FLOOR _____ SQ FT. 2 ND FLOOR _____ SQ FT. 3 RD FLOOR _____ SQ FT. TOTAL _____ SQ FT. % _____ OFFICE % _____ WAREHOUSE	<p align="center">EXTRA FEATURES</p> <input type="checkbox"/> ELEVATORS _____ LOAD <input type="checkbox"/> OUT BUILDINGS _____ <input type="checkbox"/> UTILITY ROOM _____ <input type="checkbox"/> OTHER _____ <input type="checkbox"/> CARPORT _____ <input type="checkbox"/> GARAGE _____ <input type="checkbox"/> SPRINKLER SYSTEM <input type="checkbox"/> SUSPENDED CEILING	<p align="center">PARKING</p> PARKING SPACES _____ OPEN _____ COVERED _____
<p align="center">FLOOR COVERING</p> CARPET _____ % HARDWOOD _____ % VINYL ASBESTOS _____ % FANCY STONE _____ % CONCRETE _____ % OTHER _____ %	<p align="center">PLUMBING</p> NUMBER OF FIXTURES _____ NUMBER OF ROUG-INS _____	<p align="center">INTERIOR WALLS</p> DRYWALL/PLASTER _____ % PANELING _____ % CONCRETE BLOCK/TILE _____ % INSULATION YES NO <input type="checkbox"/> <input type="checkbox"/>	

ATTACH RECENT PHOTOGRAPH OF BUILDING

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 that this return has been examined by me and 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 base on all information relating to the matters required to the reported in the return of which he has knowledge.		
SIGNATURE OF TAXPAYER	DATE	
PRINTED/TYPED NAME OF TAXPAYER		