

**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 1<sup>st</sup> 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 1<sup>ST</sup>)

REGISTRATION NUMBER	SERIAL NUMBER	NAME OF MANUFACTURER			MODEL	ACQUISITION COST	YEAR OF ACQUISITION
USE	GROSS WEIGHT	EFF. AGE	TABLE NO.	COST MULT.	FAIR MARKET VALUE	ASSESSED VALUE	
<b>TOTAL ASSESSED VALUE:</b>							

**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 1<sup>ST</sup>)

REGISTRATION NUMBER	SERIAL NUMBER	NAME OF MANUFACTURER			MODEL	ACQUISITION COST	YEAR OF ACQUISITION
USE	GROSS WEIGHT	EFF. AGE	TABLE NO.	COST MULT.	FAIR MARKET VALUE	ASSESSED VALUE	
<b>TOTAL ASSESSED VALUE:</b>							

**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

<b>TOTAL MARKET VALUE:</b>					
<b>ASSESSED VALUE:</b>					
<b>NOTE:</b>	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)	<b>NEED ASSISTANCE?</b> AFTER YOU REVIEW THE ENCLOSED TAX FORM AND YOU FEEL YOU NEED ASSISTANCE PLEASE CALL YOUR ASSESSOR LISTED ABOVE AT . THANK YOU			
<b>SIGNATURE AND VERIFICATION</b>					
"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."					
<b>SIGNATURE OF TAXPAYER</b>			<b>SIGNATURE OF PREPARER</b>		
<b>DATE</b>			<b>DATE</b>		
<b>PRINTED/TYPED NAME OF TAXPAYER</b>			<b>PRINTED/TYPED NAME OF PREPARER</b>		