

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 3 REAL PROPERTY TAX REPORT – APARTMENT TAX YEAR _____

Form with fields: RETURN TO:, WARD:, ASSESSMENT NO., NAME/ADDRESS (Indicates any Changes), LOCATION OF PROPERTY, LEGAL DESCRIPTION

SECTION 1. LAND DATA

DIMENSIONS: FRONT ___x___x___x___ COST IF PURCHASED AS VACANT LAND: \$___
DATE OF PURCHASE: ___ ZONIG: ___ CHECK ONE: [] CORNER LOT [] INSIDE LOT

SECTION 2. BUILDING DATA

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

AGE: ___ DATE OF ACQUISITION: ___ COST OF CONSTRUCTION: ___ AMT. OF INSURANCE: ___

Grid of 13 sections: 1. QUALITY, 2. CONDITION, 3. STYLE, 4. BASIC STRUCTURE, 5. EXTERIOR WALL, 6. FOUNDATION, 7. SWIMMING POOL, 8. HEATING & AIR CONDITIONING, 9. PLUMBING, 10. FLOOR COVERING, 11. INTERIOR WALLS, 12. BUILT IN APPLIANCES, 13. EXTRA FEATURES

14. APARTMENTS

NO. OF EFFICIENCY ____ RENTAL OF EACH ____ NO. OF APT. BUILDINGS ____ SIZE ____ X ____
 NO. OF ONE BEDROOM ____ RENTAL OF EACH ____ NO. OF CLUB HOUSES ____ SIZE ____ X ____
 NO. OF TWO BEDROOM ____ RENTAL OF EACH ____ NO. OF LAUNDRY BUILDINGS ____ SIZE ____ X ____
 NO. OF THREE BEDROOM ____ RENTAL OF EACH ____ NO. OF SWIMMING POOLS ____ SIZE ____ X ____
 NO. OF FOUR BEDROOM ____ RENTAL OF EACH ____ NO. OF OTHERS ____ SIZE ____ X ____
 EXPLAIN ____ SIZE ____ X ____ EXPLAIN ____ SIZE ____ X ____
 TOTAL FLOOR ____ SQUARE FEET

15. PARKING

PARKING SPACES: ____ OPEN: ____ COVERED: ____

INCOME: ____ ANNUAL: ____ MONTHLY: ____ VACANCIES AT THIS TIME: ____

RENTALS INCLUDE: UTILITIES FURNITURE OTHER: _____

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		