

**LAT 11A – WATERCRAFT**

**PERSONAL PROPERTY TAX FORM**

(OUTER CONTINENTAL SHELF WATER VESSEL OPERATIONS)

**RETURN TO:** Sherel A. Martin Jr  
 St. Mary Parish Assessor  
 P.O. Box 264  
 Franklin , LA 70538-0264

**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.

<b>PROPERTY LOCATION:</b> (E911/PHYSICAL ADDRESS)						<b>WARD:</b>	<b>ASSESSMENT NUMBER:</b>
<b>NAME OF BUSINESS:</b>						<b>TYPE OF BUSINESS:</b>	
<b>OWNER OR CONTACT:</b>						<b>PHONE NUMBER:</b>	
<b>LOCATION</b> (IF DIFFERENT FROM MAILING ADDRESS)						<b>FEDERAL ID NO.:</b>	
						<b>STATE ID NO.:</b>	

**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		
<b>DAYS WORKED</b>	<b>HORSE-POWER</b>	<b>TYPE OF VESSEL</b>	<b>HULL MATERIAL</b>	<b>NO. OF SCREWS</b>	<b>TYPE, IF BARGE</b>	<b>SELF PROPELLED</b>	<b>EFF. AGE</b>	<b>COST MULT.</b>	<b>FAIR MARKET VALUE</b>	<b>ASSESSED VALUE</b>
						<input type="checkbox"/> YES				

<b>WORKED PER MON.:</b>	<b>JAN.</b>	<b>FEB.</b>	<b>MAR.</b>	<b>APR.</b>	<b>MAY</b>	<b>JUN.</b>	<b>JUL.</b>	<b>AUG.</b>	<b>SEPT.</b>	<b>OCT.</b>	<b>NOV.</b>	<b>DEC.</b>
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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														
<p>"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. I further declare, under the same noted penalties, that no application of Act No. 59 and/or R.S. 47:2108.1 refunds shall be duplicated on any of the vessels listed herein and that if any of the above vessel(s)'s assessment taxes are subsequently paid under protest to the Tax Collector that I shall immediately file a notarized statement attachment to this report, with a notarized copy also filed along with the Department of Revenue and Taxation, income or corporate income tax copy, at the time of Act No. 59 of 1994 refund application."</p>														
SIGNATURE OF TAXPAYER						DATE			SIGNATURE OF PREPARER			DATE		
SWORN TO AND SUBSCRIBED BEFORE ME THIS						Day of			20			SWORN TO AND SUBSCRIBED BEFORE ME THIS		
						Day of						20		
NOTARY PUBLIC						NOTARY PUBLIC								

*DEPARTMENT OF REVENUE & TAXATION, INCOME OR CORPORATE INCOME TAX COPY*