

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: ST. MARY PARISH ASSESSOR P.O. BOX 264 FRANKLIN, LA 70538		WARD	ASSESSMENT NO.
STREET ADDRESS OF PROPERTY		NAME/ADDRESS (Indicate any Changes)	
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		CONDITION	QUALITY	STYLE
<input type="checkbox"/> MEDICAL <input type="checkbox"/> MOTEL <input type="checkbox"/> INDUSTRY <input type="checkbox"/> SERVICE STATION <input type="checkbox"/> HOTEL <input type="checkbox"/> OFFICE <input type="checkbox"/> WAREHOUSE	<input type="checkbox"/> STORE <input type="checkbox"/> BANK <input type="checkbox"/> PARKING <input type="checkbox"/> GENERAL BUSINESS <input type="checkbox"/> COCKTAIL LOUNGE <input type="checkbox"/> OTHER _____	<input type="checkbox"/> ABOVE AVERAGE <input type="checkbox"/> AVERAGE <input type="checkbox"/> BELOW AVERAGE	<input type="checkbox"/> LOW <input type="checkbox"/> FAIR <input type="checkbox"/> AVERAGE <input type="checkbox"/> GOOD <input type="checkbox"/> VERY GOOD	NO. OF STORIES _____ SPLIT LEVEL _____ 1 ½ STORY _____ WALL HEIGHT _____
BASIC STRUCTURE	FOUNDATION	EXTERIOR WALL	HEATING AND A/C	
<input type="checkbox"/> STEEL FRAME <input type="checkbox"/> WOOD FRAME <input type="checkbox"/> REINFORCED CONCRETE <input type="checkbox"/> OTHER _____	<input type="checkbox"/> PIERS <input type="checkbox"/> RUNNING PIERS <input type="checkbox"/> SLAB <input type="checkbox"/> OTHER _____	<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	<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	

ADDITIONAL INFORMATION ON BACK

(OVER)

<p align="center">BASEMENT</p> <p> <input type="checkbox"/> CONCRETE <input type="checkbox"/> CINDER BLOCK <input type="checkbox"/> OUTSIDE BELOW GRADE ENTRANCE <input type="checkbox"/> UNFINISHED SQ. FT. _____ <input type="checkbox"/> FINISHED SQ. FT. _____ </p>	<p align="center">FLOOR AREAS</p> <p> 1ST FLOOR _____ SQ. FT. 2ND FLOOR _____ SQ. FT. 3RD FLOOR _____ SQ. FT. TOTAL _____ SQ. FT. % _____ OFFICE % _____ WAREHOUSE </p>	<p align="center">EXTRA FEATURES</p> <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 _____ </p>	<p align="center">PARKING</p> <p> PARKING SPACES _____ OPEN _____ COVERED _____ </p>
<p align="center">FLOOR COVERING</p> <p> CARPET _____ % HARDWOOD _____ % VINYL ASBESTOS _____ % FANCY STONE _____ % CONCRETE _____ % OTHER _____ % </p>	<p align="center">PLUMBING</p> <p> NUMBER OF FIXTURES _____ NUMBER OF ROUGH-INS _____ </p>		

ATTACH RECENT PHOTOGRAPH OF BUILDING

SIGNATURE AND VERIFICATION

I declare that under the penalties for filing false reports that this return has been examined by me 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 based on all the information relating to the matters required to be reported in the return of which he has knowledge.

Signature of Taxpayer

Date