

**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 1<sup>st</sup> or within forty-five days after receipt, whichever is later, in accordance with RS 47:2324.

**LAT 1 REAL PROPERTY TAX REPORT – RESIDENTIAL OR HOMEOWNER’S YEAR**

RETURN TO: <b>ST. MARY PARISH ASSESSOR P.O. BOX 264 FRANKLIN, LA 70538</b>	WARD	ASSESSMENT NO.
LOCATION OF PROPERTY	NAME/ADDRESS (Indicate any Changes)	
LEGAL DESCRIPTION		

**SECTION 1. LAND DATA (COMPLETE APPROPRIATE PART)**

PART 1. LOT DATA	PART 2. ACREAGE DATA
DIMENSIONS: FRONT _____ x _____ x _____ COST IF PURCHASED AS VACANT LAND: \$ _____ DATE OF PURCHASE: _____ ZONING: _____ <input type="checkbox"/> OPEN DITCH <input type="checkbox"/> SIDEWALK, CURB, GUTTER <input type="checkbox"/> CURB, GUTTER	TOTAL NUMBER OF ACRES _____ CONSISTING OF: _____ CLEARED _____ TIMBER _____ MARSH _____ MISC. COST IF PURCHASED AS VACANT LAND: \$ _____ DATE OF PURCHASE: _____ BOUNDARIES: NORTH _____ SOUTH _____ EAST _____ WEST _____ "LAND USE VALUE" APPLIED FOR: <input type="checkbox"/> YES <input type="checkbox"/> NO

**SECTION 2. IMPROVEMENT DATA (IF MORE THAN ONE BUILDING – USE ADDITIONAL FORM)**

LIVING AREA \_\_\_\_\_ SQ. FT. CEILING INSULATION:  YES  NO AGE: \_\_\_\_\_ YRS DATE OF ACQUISITION: \_\_\_\_\_

TOTAL COST: \$ \_\_\_\_\_  BUILDING ONLY  BUILDING & LAND NO. BATHS: FULL \_\_\_\_\_ HALF \_\_\_\_\_ ROUGH-INS \_\_\_\_\_

NUMBER OF BEDROOMS: \_\_\_\_\_ OTHER ROOMS:  KITCHEN  STUDY  DEN  LIVING RM.  DINING RM.  UTILITY  OTHER

GARAGE \_\_\_\_\_ SQ. FT.  FINISHED  UNFINISHED  ATTACHED TO HOUSE  DETACHED FROM HOUSE  1 CAR  2 CAR  3 CAR

CARPORT \_\_\_\_\_ SQ. FT.  1 CAR  2 CAR  3 CARS OR MORE

PORCHES: NO. 1 SQ. FT. \_\_\_\_\_  COVERED  UNCOVERED  FINISHED CEILING  UNFINISHED CEILING  
NO. 2 SQ. FT. \_\_\_\_\_  COVERED  UNCOVERED  FINISHED CEILING  UNFINISHED CEILING

PATIO: NO. 1 SQ. FT. \_\_\_\_\_  COVERED  UNCOVERED  FINISHED CEILING  UNFINISHED CEILING  
NO. 2 SQ. FT. \_\_\_\_\_  COVERED  UNCOVERED  FINISHED CEILING  UNFINISHED CEILING

BUILT IN APPLIANCES:  OVEN RANGE  DISHWASHER  DISPOSAL  REFRIGERATOR  RANGE HOOD & FAN  
 KITCHEN OR BATH EXHAUST FAN  TRASH COMPACTOR  MICROWAVE OVEN

AMOUNT OF INSURANCE: \$ \_\_\_\_\_ IF RENTED, WHAT IS RENT \$ \_\_\_\_\_ MONTH / YEAR

ARE THERE ANY FACTORS THAT MAY INCREASE OR DECREASE THE VALUE OF THIS PROPERTY? \_\_\_\_\_

IS THIS IMPROVEMENT A MOBILE HOME?  YES  NO

IF YES: MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ COLOR \_\_\_\_\_ SERIAL NUMBER \_\_\_\_\_

**ADDITIONAL LIVEABLE IMPROVEMENTS – EXPLAIN ON BACK**

BUILDING DATA					
<b>TYPE</b> <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> TOWN HOUSE <input type="checkbox"/> SHOT GUN <input type="checkbox"/> OUT BUILDING <input type="checkbox"/> DOUBLE <input type="checkbox"/> TRIPLE <input type="checkbox"/> FOURPLEX	<b>CONDITION</b> <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> AVERAGE <input type="checkbox"/> GOOD <input type="checkbox"/> VERY GOOD	<b>STORIES</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 1 ½ FINISHED <input type="checkbox"/> 1 ½ UNFINISHED <input type="checkbox"/> END ROW <input type="checkbox"/> INSIDE ROW <input type="checkbox"/> BASEMENT	<b>QUALITY</b> <input type="checkbox"/> LOW <input type="checkbox"/> FAIR <input type="checkbox"/> AVERAGE <input type="checkbox"/> GOOD <input type="checkbox"/> VERY GOOD	<b>EXTERIOR SIDING</b> <input type="checkbox"/> STUCCO <input type="checkbox"/> ASBESTOS <input type="checkbox"/> MASONRY VENEER <input type="checkbox"/> COMMON BRICK <input type="checkbox"/> FACE BRICK OR STONE <input type="checkbox"/> CONCRETE BLOCK <input type="checkbox"/> CEDAR <input type="checkbox"/> WOOD	<b>FOUNDATION</b> <input type="checkbox"/> PIERS <input type="checkbox"/> CONTINUOUS <input type="checkbox"/> PIER <input type="checkbox"/> SLAB <input type="checkbox"/> _____
<b>ROOFING</b> <input type="checkbox"/> COMPOSITION <input type="checkbox"/> WOOD SHINGLE <input type="checkbox"/> WOOD SHAKE <input type="checkbox"/> BUILD UP TAR <input type="checkbox"/> & GRAVEL <input type="checkbox"/> SLATE OR TILE <input type="checkbox"/> TIN <input type="checkbox"/> _____	<b>HEATING &amp; COOLING</b> <input type="checkbox"/> FORCED AIR – GAS/ELEC. <input type="checkbox"/> SPACE <input type="checkbox"/> FLOOR OR WALL FURNACE <input type="checkbox"/> WARM & COOLED AIR <input type="checkbox"/> HEAT PUMP <input type="checkbox"/> SOLAR <input type="checkbox"/> _____	<b>FLOOR COVERING</b> <input type="checkbox"/> CARPET _____% <input type="checkbox"/> HARDWOOD _____% <input type="checkbox"/> VINYL ASBESTOS <input type="checkbox"/> _____% <input type="checkbox"/> STONE _____% <input type="checkbox"/> OTHER _____%	<b>FIRE PLACES</b> NO. <input type="checkbox"/> 1 STORY SINGLE <input type="checkbox"/> 2 STORY SINGLE <input type="checkbox"/> 1 STORY DBL. <input type="checkbox"/> 2 STORY DBL.	<b>EXTRA FEATURES</b> <input type="checkbox"/> SWIMMING POOL <input type="checkbox"/> TENNIS COURT <input type="checkbox"/> ELEVATOR <input type="checkbox"/> GREEN HOUSE <input type="checkbox"/> LAWN SPRINKLER <input type="checkbox"/> BOAT HOUSE <input type="checkbox"/> PIER <input type="checkbox"/> SMOKE ALARM <input type="checkbox"/> RADIO/INTERCOM <input type="checkbox"/> _____	<b>SITE DATA</b> <input type="checkbox"/> CONCRETE ST. <input type="checkbox"/> BLACK TOP ST. <input type="checkbox"/> SHELL/GRAV. <input type="checkbox"/> ELECTRICITY <input type="checkbox"/> PUBLIC WATER <input type="checkbox"/> GAS <input type="checkbox"/> PUBLIC SEWER <input type="checkbox"/> SEPTIC TANK <input type="checkbox"/> WATER WELL <input type="checkbox"/> _____

**ATTACH RECENT PHOTOGRAPH OF BUILDING  
 ADDITIONAL LIVEABLE IMPROVEMENTS – EXPLAIN**

**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