

LAT 1 – RESIDENTIAL OR HOMEOWNERS PROPERTY TAX FORM **YEAR:** _____

RETURN TO: ST. JAMES PARISH ASSESSOR 5800 LA 44 P.O. BOX 55 CONVENT, LA 70723 (225) 562-2252	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 ST or within forty-five days after receipt, whichever is later, in accordance with RS 47:2324.
----------------------	--	--

PROPERTY LOCATION: (E911/PHYSICAL ADDRESS)	WARD:	ASSESSMENT NUMBER:
--	--------------	---------------------------

LEGAL DESCRIPTION:

SECTION 1 – LAND DATA

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

SECTION 2 – IMPROVEMENT DATA
 (IF MORE THAN ONE BUILDING – MAKE A COPY OF THIS FORM)

LIVING AREA:	SQ. FT.	CEILING INSULATION:	<input type="checkbox"/>	AGE: _____	DATE OF ACQUISITION: _____
TOTAL COST:	<input type="checkbox"/> BUILDING ONLY	<input type="checkbox"/> BUILDING & LAND	NO. OF BATHS: ____ FULL: ____ HALF: ____ ROUGH INS		
NUMBER OF BEDROOMS:	OTHER ROOMS: <input type="checkbox"/> KITCHEN <input type="checkbox"/> STUDY <input type="checkbox"/> FAMILY RM. <input type="checkbox"/> LIVING RM. <input type="checkbox"/> DINNING RM. <input type="checkbox"/> UTILITY <input type="checkbox"/> OTHER				
GARAGE:	SQ. FT.	<input type="checkbox"/> FINISHED	<input type="checkbox"/> ATTACHED TO HOME	<input type="checkbox"/> 1 CAR	<input type="checkbox"/> 2 CAR
CARPORIT:	SQ. FT.	<input type="checkbox"/> 1 CAR	<input type="checkbox"/> 2 CAR	<input type="checkbox"/> 3 CARS OR MORE	
PORCH (1):	SQ. FT.	<input type="checkbox"/> COVERED	FINISHED CEILING – PORCH (2): _____ SQ. FT. <input type="checkbox"/> COVERED <input type="checkbox"/> FINISHED CEILING		
PATIO/DECK:	SQ. FT.	<input type="checkbox"/> COVERED	<input type="checkbox"/> FINISHED CEILING		
BUILT-IN APPLIANCES:	<input type="checkbox"/> DROP-IN RANGE <input type="checkbox"/> DISHWASHER <input type="checkbox"/> DISPOSAL <input type="checkbox"/> REFRIGERATOR <input type="checkbox"/> RANGE HOOD <input type="checkbox"/> TRASH COMPACTOR <input type="checkbox"/> DROP-IN MICROWAVE OVEN <input type="checkbox"/> BUILT-IN OVEN(S) <input type="checkbox"/> COOK TOP <input type="checkbox"/> KITCHEN OR BATH EXHAUST FAN(S) <input type="checkbox"/> INTERCOM				
AMOUNT OF INSURANCE ON BUILDING:			IF RENTED WHAT IS THE RENT:		
IS THE IMPROVEMENT A MOBILE HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO					
IF YES, MAKE:		MODLE:	COLOR:	SERIAL NO.:	

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

NOTE:	PENTALTIES 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. THANK YOU
--------------	---	---

BUILDING DATA

TYPE	CONDITON	STORIES	QUALITY	EXTERIOR SIDING	FOUNDATION
<input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> TOWNHOUSE <input type="checkbox"/> SHOT GUN <input type="checkbox"/> OUT BUILDING <input type="checkbox"/> DOUBLE <input type="checkbox"/> TRIPLES <input type="checkbox"/> FORPLEX	<input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> AVERAGE <input type="checkbox"/> GOOD <input type="checkbox"/> VERY GOOD	<input type="checkbox"/> 1 STORY <input type="checkbox"/> 2 STORY <input type="checkbox"/> 1 ½ STORY FINISHED <input type="checkbox"/> 1 ½ STORY UNFINISHED <input type="checkbox"/> END ROW <input type="checkbox"/> INSIDE ROW <input type="checkbox"/> BASEMENT	<input type="checkbox"/> LOW <input type="checkbox"/> FAIR <input type="checkbox"/> AVERAGE <input type="checkbox"/> GOOD <input type="checkbox"/> VERY GOOD	<input type="checkbox"/> STUCCO <input type="checkbox"/> ASBESTOS <input type="checkbox"/> MASONARY VENEER <input type="checkbox"/> COMMON BRICK <input type="checkbox"/> FACE BRICK OR STONE <input type="checkbox"/> CONCRETE BLOCK <input type="checkbox"/> WOOD	<input type="checkbox"/> PIERS <input type="checkbox"/> CONTINOUS PIERS <input type="checkbox"/> SLAB <input type="checkbox"/> OTHER: _____

ROOFING	HEATING & COOLING	FLOOR COVERING	FIREPLACES	EXTRA FEATURES	SITE DATA
<input type="checkbox"/> COMPOSITION <input type="checkbox"/> WOOD SHINGLE <input type="checkbox"/> WOOD SHAKE <input type="checkbox"/> BUILD UP TAR AND GRAVEL <input type="checkbox"/> SLATE OR TILE <input type="checkbox"/> TIN OR METAL <input type="checkbox"/> OTHER: _____ _____ _____	<input type="checkbox"/> FORCED AIR <input type="checkbox"/> SPACE HEATERS OR WALL FURNACE <input type="checkbox"/> WARM AND COOLED AIR <input type="checkbox"/> HEAT PUMP <input type="checkbox"/> SOLAR <input type="checkbox"/> OTHER: _____ _____ _____	<input type="checkbox"/> CARPET: _____% <input type="checkbox"/> HARDWOOD: _____% <input type="checkbox"/> CERAMIC TILE: _____% <input type="checkbox"/> VINYL: _____% <input type="checkbox"/> STONE: _____% <input type="checkbox"/> OTHER: _____%	NO. _____ <input type="checkbox"/> 1 STORY SINGLE <input type="checkbox"/> 2 STORY SINGLE <input type="checkbox"/> 1 STORY DOUBLE <input type="checkbox"/> 2 STORY DOUBLE <input type="checkbox"/> OTHER: _____ _____ _____	<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"/> OTHER: _____	<input type="checkbox"/> CONCRETE ST. <input type="checkbox"/> BLACK TOP ST. <input type="checkbox"/> SHELL/GRAVEL <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"/> WELL <input type="checkbox"/> OTHER: _____

ADDITIONAL LIVING IMPROVEMENTS – EXPLAIN

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 based on all information relating to the matters required to be reported in the return of which he has knowledge.

<i>(ATTACH RECENT PHOTOGRAPH OF BUILDING)</i>		
	SIGNATURE OF TAXPAYER	DATE:
	PRINTED/TYPED NAME OF TAXPAYER	