

LAT 11A – WATERCRAFT – PERSONAL PROPERTY TAX FORM (OUTER CONTINENTAL SHELF WATER VESSEL OPERATIONS)											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:					
NAME OF BUISNESS: OWNER OR CONTACT:						TYPE OF BUSINESS: PHONE:							
LOCATION (IF DIFFERENT FROM MAILING ADDRESS):						FEDERAL ID NO.: STATE ID NO.:							
SHADED AREAS FOR ASSESSOR'S USE ONLY – PLEASE USE ATTACHMENTS IF NECESSARY													
VESSEL REGISTRATION NUMBER		NAME OF VESSEL		COST INCL. EQMT. & ACCS.	YEAR ACQ.	YEAR BUILT	LENGTH & BREADTH		LOCATION (PARISH OR DOCKING POINT)				
							X		JANUARY 1		PREVIOUS YEAR		
DAYS WORKED	HORSE- POWER	TYPE OF VESSEL	HULL MATERIAL	NO. OF SCREWS	TYPE, IF BARGE	SELF PROPELLED		EFF. AGE	COST MULT.	FAIR MARKET VALUE	ASSESSED VALUE		
						<input type="checkbox"/> YES							
WORKED PER MON.:		JAN.	FEB.	MAR.	APR.	MAY	JUN.	JUL.	AUG.	SEPT.	OCT.	NOV.	DEC.
VESSEL REGISTRATION NUMBER		NAME OF VESSEL		COST INCL. EQMT. & ACCS.	YEAR ACQ.	YEAR BUILT	LENGTH & BREADTH		LOCATION (PARISH OR DOCKING POINT)				
							X		JANUARY 1		PREVIOUS YEAR		
DAYS WORKED	HORSE- POWER	TYPE OF VESSEL	HULL MATERIAL	NO. OF SCREWS	TYPE, IF BARGE	SELF PROPELLED		EFF. AGE	COST MULT.	FAIR MARKET VALUE	ASSESSED VALUE		
						<input type="checkbox"/> YES							
WORKED PER MON.:		JAN.	FEB.	MAR.	APR.	MAY	JUN.	JUL.	AUG.	SEPT.	OCT.	NOV.	DEC.
VESSEL REGISTRATION NUMBER		NAME OF VESSEL		COST INCL. EQMT. & ACCS.	YEAR ACQ.	YEAR BUILT	LENGTH & BREADTH		LOCATION (PARISH OR DOCKING POINT)				
							X		JANUARY 1		PREVIOUS YEAR		
DAYS WORKED	HORSE- POWER	TYPE OF VESSEL	HULL MATERIAL	NO. OF SCREWS	TYPE, IF BARGE	SELF PROPELLED		EFF. AGE	COST MULT.	FAIR MARKET VALUE	ASSESSED VALUE		
						<input type="checkbox"/> YES							
WORKED PER MON.:		JAN.	FEB.	MAR.	APR.	MAY	JUN.	JUL.	AUG.	SEPT.	OCT.	NOV.	DEC.
VESSEL REGISTRATION NUMBER		NAME OF VESSEL		COST INCL. EQMT. & ACCS.	YEAR ACQ.	YEAR BUILT	LENGTH & BREADTH		LOCATION (PARISH OR DOCKING POINT)				
							X		JANUARY 1		PREVIOUS YEAR		
DAYS WORKED	HORSE- POWER	TYPE OF VESSEL	HULL MATERIAL	NO. OF SCREWS	TYPE, IF BARGE	SELF PROPELLED		EFF. AGE	COST MULT.	FAIR MARKET VALUE	ASSESSED VALUE		
						<input type="checkbox"/> YES							
WORKED PER MON.:		JAN.	FEB.	MAR.	APR.	MAY	JUN.	JUL.	AUG.	SEPT.	OCT.	NOV.	DEC.
VESSEL REGISTRATION NUMBER		NAME OF VESSEL		COST INCL. EQMT. & ACCS.	YEAR ACQ.	YEAR BUILT	LENGTH & BREADTH		LOCATION (PARISH OR DOCKING POINT)				
							X		JANUARY 1		PREVIOUS YEAR		
DAYS WORKED	HORSE- POWER	TYPE OF VESSEL	HULL MATERIAL	NO. OF SCREWS	TYPE, IF BARGE	SELF PROPELLED		EFF. AGE	COST MULT.	FAIR MARKET VALUE	ASSESSED VALUE		
						<input type="checkbox"/> YES							
WORKED PER MON.:		JAN.	FEB.	MAR.	APR.	MAY	JUN.	JUL.	AUG.	SEPT.	OCT.	NOV.	DEC.

VESSEL REGISTRATION NUMBER		NAME OF VESSEL		COST INCL. EQMT. & ACCS.		YEAR ACQ.		YEAR BUILT		LENGTH & BREADTH		LOCATION (PARISH OR DOCKING POINT)			
										X		JANUARY 1	PREVIOUS YEAR		
DAYS WORKED	HORSE- POWER	TYPE OF VESSEL	HULL MATERIAL	NO. OF SCREWS	TYPE, IF BARGE	SELF PROPELLED		EFF. AGE	COST MULT.	FAIR MARKET VALUE		ASSESSED VALUE			
						<input type="checkbox"/> YES									
WORKED PER MON.:		JAN.	FEB.	MAR.	APR.	MAY	JUN.	JUL.	AUG.	SEPT.	OCT.	NOV.	DEC.		
SECTION 2 – CONSIGNED GOODS, LEASED, LOANED, OR RENTED EQUIPMENT, FURNITURE, ETC.															
PLEASE USE ATTACHMENTS IF NECESSARY															
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. 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	
PRINTED/TYPED NAME OF TAXPAYER						DATE		PRINTED/TYPED NAME OF PREPARER						DATE	

ASSESSOR COPY

LAT 11A – WATERCRAFT – PERSONAL PROPERTY TAX FORM											YEAR:	
<i>(OUTER CONTINENTAL SHELF WATER VESSEL OPERATIONS)</i>												
<div style="display: flex; justify-content: space-between;"> <div> RETURN TO: ST. JAMES PARISH ASSESSOR P. O. BOX 55 5800 LA 44 CONVENT, LA 70723 </div> <div> NAME/ADDRESS: (INDICATE ANY CHANGES) </div> </div>												
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: <i>(E911/PHYSICAL ADDRESS)</i>							WARD:		ASSESSMENT NUMBER:			
NAME OF BUISNESS: OWNER OR CONTACT:							TYPE OF BUSINESS: PHONE:					
LOCATION (IF DIFFERENT FROM MAILING ADDRESS):							FEDERAL ID NO.: STATE ID NO.:					
SHADED AREAS FOR ASSESSOR'S USE ONLY – PLEASE USE ATTACHMENTS IF NECESSARY												
VESSEL REGISTRATION NUMBER		NAME OF VESSEL		COST INCL. EQMT. & ACCS.	YEAR ACQ.	YEAR BUILT	LENGTH & BREADTH		LOCATION <i>(PARISH OR DOCKING POINT)</i>			
									JANUARY 1		PREVIOUS YEAR	
							X					
DAYS WORKED	HORSE-POWER	TYPE OF VESSEL	HULL MATERIAL	NO. OF SCREWS	TYPE, IF BARGE	SELF PROPELLED	EFF. AGE	COST MULT.	FAIR MARKET VALUE		ASSESSED VALUE	
						<input type="checkbox"/> YES						
WORKED PER MON.:		JAN.	FEB.	MAR.	APR.	MAY	JUN.	JUL.	AUG.	SEPT.	OCT.	NOV. DEC.
VESSEL REGISTRATION NUMBER		NAME OF VESSEL		COST INCL. EQMT. & ACCS.	YEAR ACQ.	YEAR BUILT	LENGTH & BREADTH		LOCATION <i>(PARISH OR DOCKING POINT)</i>			
									JANUARY 1		PREVIOUS YEAR	
							X					
DAYS WORKED	HORSE-POWER	TYPE OF VESSEL	HULL MATERIAL	NO. OF SCREWS	TYPE, IF BARGE	SELF PROPELLED	EFF. AGE	COST MULT.	FAIR MARKET VALUE		ASSESSED VALUE	
						<input type="checkbox"/> YES						
WORKED PER MON.:		JAN.	FEB.	MAR.	APR.	MAY	JUN.	JUL.	AUG.	SEPT.	OCT.	NOV. DEC.
VESSEL REGISTRATION NUMBER		NAME OF VESSEL		COST INCL. EQMT. & ACCS.	YEAR ACQ.	YEAR BUILT	LENGTH & BREADTH		LOCATION <i>(PARISH OR DOCKING POINT)</i>			
									JANUARY 1		PREVIOUS YEAR	
							X					
DAYS WORKED	HORSE-POWER	TYPE OF VESSEL	HULL MATERIAL	NO. OF SCREWS	TYPE, IF BARGE	SELF PROPELLED	EFF. AGE	COST MULT.	FAIR MARKET VALUE		ASSESSED VALUE	
						<input type="checkbox"/> YES						
WORKED PER MON.:		JAN.	FEB.	MAR.	APR.	MAY	JUN.	JUL.	AUG.	SEPT.	OCT.	NOV. DEC.
VESSEL REGISTRATION NUMBER		NAME OF VESSEL		COST INCL. EQMT. & ACCS.	YEAR ACQ.	YEAR BUILT	LENGTH & BREADTH		LOCATION <i>(PARISH OR DOCKING POINT)</i>			
									JANUARY 1		PREVIOUS YEAR	
							X					
DAYS WORKED	HORSE-POWER	TYPE OF VESSEL	HULL MATERIAL	NO. OF SCREWS	TYPE, IF BARGE	SELF PROPELLED	EFF. AGE	COST MULT.	FAIR MARKET VALUE		ASSESSED VALUE	
						<input type="checkbox"/> YES						
WORKED PER MON.:		JAN.	FEB.	MAR.	APR.	MAY	JUN.	JUL.	AUG.	SEPT.	OCT.	NOV. DEC.

DAYS WORKED	HORSE-POWER	TYPE OF VESSEL	HULL MATERIAL	NO. OF SCREWS	TYPE IF BARGE	SELF PROPELLED	EFF. AGE	COST MULT.	FAIR MARKET VALUE	ASSESSED VALUE			
						<input type="checkbox"/> YES							
WORKED PER MON.:		JAN.	FEB.	MAR.	APR.	MAY	JUN.	JUL.	AUG.	SEPT.	OCT.	NOV.	DEC.
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					
DAYS WORKED	HORSE-POWER	TYPE OF VESSEL	HULL MATERIAL	NO. OF SCREWS	TYPE, IF BARGE	SELF PROPELLED	EFF. AGE	COST MULT.	FAIR MARKET VALUE	ASSESSED VALUE			
						<input type="checkbox"/> YES							
WORKED PER MON.:		JAN.	FEB.	MAR.	APR.	MAY	JUN.	JUL.	AUG.	SEPT.	OCT.	NOV.	DEC.
SECTION 2 – CONSIGNED GOODS, LEASED, LOANED, OR RENTED EQUIPMENT, FURNITURE, ETC.													
PLEASE USE ATTACHMENTS IF NECESSARY													
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. THANK YOU						
SIGNATURE AND VERIFICATION													
"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."													
SIGNATURE OF TAXPAYER							DATE						
SIGNATURE OF PREPARER							DATE						
PRINTED/TYPED NAME OF TAXPAYER							DATE						
PRINTED/TYPED NAME OF PREPARER							DATE						

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