

**LAT 4 – COMMERCIAL AND INDUSTRIAL – REAL PROPERTY TAX FORM** **YEAR:** \_\_\_\_\_

<b>RETURN TO:</b> ST. JAMES PARISH ASSESSOR 5800 LA 44 P. O. BOX 55 CONVENT, LA 70723 (225) 562-2252	<b>NAME/ADDRESS:</b> (INDICATE ANY CHANGES)
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<b>CONFIDENTIAL:</b>	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.
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<b>PROPERTY LOCATION:</b> (E911/PHYSICAL ADDRESS)	<b>WARD:</b>	<b>ASSESSMENT NUMBER:</b>
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<b>MONTHLY INCOME:</b>	<b>ANNUAL INCOME:</b>	<b>AMOUNT OF INSURANCE:</b>
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**SECTION 1 – LAND DATA**

<b>DIMENSIONS – FRONT:</b> _____ x _____ x _____	<b>COST IF PURCHASED AS A VACANT LAND:</b> \$ _____
<b>DATE OF PURCHASE:</b> _____ <b>ZONING:</b> _____	
<b>LOT DATA:</b> <input type="checkbox"/> CORNER LOT <input type="checkbox"/> INSIDE LOT	<b>LAND USE:</b> <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL

**SECTION 2 – BUILDING DATA**

**CHECK OR FILL IN APPORPRIATE SPACES – USE ATTACHMENTS IF NEEDED**

<b>AGE OF BUILDING:</b> _____ YRS	<b>DATE OF ACQUISITION:</b> _____	<b>COST OF BUILDING:</b> _____
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CLASS	CONDITION	QUALITY	STYLE
<input type="checkbox"/> MEDICAL <input type="checkbox"/> OFFICE <input type="checkbox"/> MOTEL <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> INDUSTRY <input type="checkbox"/> PARKING <input type="checkbox"/> SERVICE STATION <input type="checkbox"/> COCKTAIL LOUNGE <input type="checkbox"/> STORE <input type="checkbox"/> GENERAL BUSINESS <input type="checkbox"/> BANK <input type="checkbox"/> HOTEL <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	<b>NO. OF STORIES:</b> _____ <input type="checkbox"/> SPLIT LEVEL <input type="checkbox"/> 1 ½ STORY <b>WALL HEIGHT:</b> _____

BASIC STRUCTURE	FOUNDATION	EXTERIOR WALL	HEATING & COOLING
<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"/> CONCRETE 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 AND 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

BASEMENT	FLOOR AREAS	EXTRA FEATURES	PARKING
<input type="checkbox"/> CONCRETE <input type="checkbox"/> CINDER BLOCK <input type="checkbox"/> OUTSIDE BELOW  <b>GRADE ENTRANCE:</b> <input type="checkbox"/> UNFINISHED _____ SQ. FT <input type="checkbox"/> FINISHED _____ SQ. FT	1 <sup>ST</sup> FLOOR _____ SQ. FT 2 <sup>ND</sup> FLOOR _____ SQ. FT 3 <sup>RD</sup> FLOOR _____ SQ. FT TOTAL _____ SQ. FT % _____ OFFICE % _____ WAREHOUSE	<input type="checkbox"/> ELEVATORS _____ LOAD <input type="checkbox"/> OUT BUILDINGS _____ <input type="checkbox"/> UTILITY ROOM _____ <input type="checkbox"/> CARPORT _____ <input type="checkbox"/> GARAGE _____ <input type="checkbox"/> SPRINKLER SYSTEM <input type="checkbox"/> SUSPENDED CEILING <input type="checkbox"/> OTHER _____	<b>PARKING SPACES</b> _____ OPEN _____ COVERED _____

FLOOR COVERING	PLUMBING	INTERIOR WALLS
CARPET _____ % HARDWOOD _____ % VINYL ASBESTOS _____ % FANCY STONE _____ % CONCRETE _____ % OTHER _____ %	NUMBER OF FIXTURES _____ NUMBER OF ROUGH-INS _____	DRYWALL/PLASTER _____ % PANELING _____ % CONCRETE BLOCK/TILE _____ % <b>INSULATION</b> <input type="checkbox"/> YES <input type="checkbox"/> NO

**ATTACH RECENT PHOTOGRAPH OF BUILDING**

<b>NOTE:</b>	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)	<b>NEED ASSISTANCE?</b> AFTER YOU REVIEW THE ENCLOSED TAX FORM AND YOU FEEL YOU NEED ASSISTANCE PLEASE CALL YOUR ASSESSOR LISTED ABOVE. THANK YOU
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**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 the reported in the return of which he has knowledge.

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**SIGNATURE OF TAXPAYER**

**DATE**

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**PRINTED/TYPED NAME OF TAXPAYER**