

LAT 5 – INVENTORY, MERCHANDISE, ETC. 20 PERSONAL PROPERTY TAX FORM

RETURN TO:	NAME/ADDRESS: (INDICATE ANY CHANGES)
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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.
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PROPERTY LOCATION: <small>(E911/PHYSICAL ADDRESS)</small>	WARD:	ASSMT NUMBER:
NAME OF BUSINESS: OWNER OR CONTACT:	TYPE OF BUSINESS: PHONE: EMAIL ADDRESS:	

IMPORTANT!	<ul style="list-style-type: none"> • AN ITEMIZED DEPRECIATION SCHEDULE, LISTING ASSETS (INCLUDING FULLY DEPRECIATED ITEMS AND/OR EXPENSED ITEMS) SHALL ACCOMPANY THIS REPORT. • FIRMS HAVING 10 YEAR EXEMPTIONS SHALL COMPLETE FORM LAT 5A AND ATTACH TO THIS FORM. • BANKS ONLY: ATTACH TO THIS REPORT A LIST OF SHAREHOLDERS AND A COPY OF YOUR CONSOLIDATED REPORT OF CONDITION AND CONSOLIDATED REPORT OF INCOME AS FURNISHED TO THE OFFICE OF FINANCE INSTITUTIONS OR TO THE COMPTROLLER OF CURRENCY AS OF DECEMBER, 31ST.
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SHADED AREAS FOR ASSESSOR'S USE ONLY – USE ATTACHMENTS IF NECESSARY

SECTION 1 – INVENTORIES AND MERCHANDISE

METHOD OF REPORTING: (CHECK ONE) ☐ LIFO ☐ FIFO ☐ COST ☐ RETAIL ☐ OTHER: _____

	MERCHANDISE	RAW MATERIALS	WORK IN PROGRESS	FINISHED GOODS	SUPPLIES	TOTAL
JANUARY						
FEBRUARY						
MARCH						
APRIL						
MAY						
JUNE						
JULY						
AUGUST						
SEPTEMBER						
OCTOBER						
NOVEMBER						
DECEMBER						

ASSESSED VALUE:		GRAND TOTAL:
		AVERAGE:

(GROUP BY YEAR OF ACQUISITION)

SECTION 3 – MACHINERY AND EQUIPMENT *(EXCLUDE LICENSED MOTOR VEHICLES)*

(GROUP BY YEAR OF ACQUISITION)

SECTION 4 – LEASEHOLD IMPROVEMENTS/MISC. PROPERTY

(GROUP BY YEAR OF ACQUISITION)

SECTION 5 – CONSIGNED GOODS, LEASED, LOANED, OR RENTED EQUIPMENT, FURNITURE, ETC.

(ATTACH LIST SHOWING NAME, ADDRESS, TYPE AND AGE OF PROPERTY, MONTHLY RENTAL)

SIGNATURE AND VERIFICATION

SIGNATURE OF TAXPAYER	DATE	SIGNATURE OF PREPARER	DATE
PRINTED/TYPED NAME OF TAXPAYER	TITLE	PRINTED/TYPED NAME OF PREPARER	
MAILING ADDRESS		EMAIL ADDRESS	PHONE NUMBER

Instructions: This Verification Form shall be completed and filed with the assessor whenever materials or documents are submitted to an assessor in addition to a personal property taxpayer's business's property tax rendition(s) (LAT Forms). This Form shall be filed contemporaneously with the taxpayer's other LAT filings.

ASSESSMENT NUMBER(S):

NAME OF BUSINESS:

SIGNATURE AND VERIFICATION

The undersigned declares, under the penalty of perjury and the penalties for filing false reports, the following:

1. that he/she is a bona fide representative of the business identified above;
2. that the materials and documents furnished to the assessor along with the above identified business's property tax rendition(s) (LAT Forms) have been examined by me and to the best of my knowledge and belief, are true, correct, and complete; and
3. that he/she has personal knowledge and information in order to verify the accuracy of the information contained in the materials and documents furnished to the assessor along with the above identified business's property tax rendition(s) (LAT Forms).

SIGNATURE

DATE

PRINTED NAME

TITLE

EMAIL ADDRESS

PHONE NUMBER

MAILING ADDRESS