

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.

LAT 4

REAL PROPERTY TAX REPORT – COMMERCIAL AND INDUSTRIAL

YEAR

| | | | |
|---|-----------------------------|--|----------------|
| RETURN TO: | | WARD | ASSESSMENT NO. |
| LEGAL DESCRIPTION | | PERSON to contact and Phone No. | |
| STREET ADDRESS OF PROPERTY | | NAME/ADDRESS (Indicate any Changes) | |
| <p>PLEASE CHANGE ANY INCORRECT INFORMATION & FILL IN ANY MISSING CATEGORIES</p> | | <p>SECTION 1. LAND DATA</p> | |
| ANNUAL INCOME: \$ _____ | MONTHLY INCOME: \$ _____ | DIMENSIONS: FRONT _____ x _____ x _____ COST IF PURCHASED AS VACANT LAND: \$ _____ DATE OF PURCHASE: _____ ZONING: _____ | |
| AMOUNT OF INSURANCE: \$ _____ | | LOT DATA: CORNER LOT <input type="checkbox"/> INSIDE LOT <input type="checkbox"/> LAND USE: COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> | |

CHECK OR FILL IN THE APPROPRIATE SPACES – USE ATTACHMENTS IF NEEDED

| | | | |
|---|--|--|--|
| SECTION 2. BUILDING DATA | | | |
| YEAR BUILT: _____ DATE OF ACQUISITION _____ | | BUILDING USE: _____ TOTAL CONSTRUCTION COSTS \$ _____ | |
| <p>CLASS (TYPE OF CONSTRUCTION)</p> <input type="checkbox"/> AUTO REPAIR <input type="checkbox"/> AUTO SALES/SERVICE <input type="checkbox"/> BANK/HMST/S&L <input type="checkbox"/> COCKTAIL LOUNGE <input type="checkbox"/> DEPARTMENT STORE <input type="checkbox"/> FUNERAL HOME <input type="checkbox"/> GYM-HEALTH CLUB <input type="checkbox"/> HOTEL <input type="checkbox"/> MANUFACTURING INDUSTRIAL <input type="checkbox"/> MEDICAL OFFICE <input type="checkbox"/> MOTEL <input type="checkbox"/> MOVIE THEATER <input type="checkbox"/> OFFICE BUILDING <input type="checkbox"/> OFFICE WAREHOUSE <input type="checkbox"/> PARKING <input type="checkbox"/> RESTAURANT, DINNER <input type="checkbox"/> OTHER _____ <input type="checkbox"/> RESTAURANT, FAMILY <input type="checkbox"/> RESTAURANT, FAST FOOD <input type="checkbox"/> RETAIL STORE <input type="checkbox"/> SERVICE STATION-FULL <input type="checkbox"/> SERVICE STATION-SELF <input type="checkbox"/> STRIP SHOPPING CENTER <input type="checkbox"/> SPERMARKET/GROCERY <input type="checkbox"/> WAREHOUSE %OFFICE _____ %WAREHOUSE _____ | | <p>CONDITION</p> <input type="checkbox"/> LOW <input type="checkbox"/> FAIR <input type="checkbox"/> AVERAGE <input type="checkbox"/> ABOVE AVERAGE <input type="checkbox"/> BELOW AVERAGE <input type="checkbox"/> GOOD <input type="checkbox"/> VERY GOOD | <p>QUALITY</p> <input type="checkbox"/> LOW <input type="checkbox"/> FAIR <input type="checkbox"/> AVERAGE <input type="checkbox"/> GOOD <input type="checkbox"/> VERY GOOD |
| <p>EXTRA FEATURES</p> <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"/> LOADING DOCK _____ <input type="checkbox"/> OTHER _____ | <p>BASIC STRUCTURE</p> <input type="checkbox"/> STEEL FRAME <input type="checkbox"/> WOOD FRAME <input type="checkbox"/> REINFORCED CONCRETE OTHER _____ _____ _____ | <p>FOUNDATION</p> <input type="checkbox"/> PILINGS <input type="checkbox"/> PIERS <input type="checkbox"/> RUNNING PIERS <input type="checkbox"/> SLAB OTHER _____ _____ _____ | <p>EXTERIOR WALL</p> <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"/> FRONT ONLY |

**PLEASE MAKE COPY FOR YOUR RECORDS
ADDITIONAL INFORMATION ON NEXT PAGE**

| | | | |
|--|---|---|---|
| HEATING AND A/C <input type="checkbox"/> FLOOR FURNACE <input type="checkbox"/> PANEL WALL <input type="checkbox"/> HEAT & 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 | FLOOR AREAS NO. OF FLOORS _____ SQ. FOOTAGE PER FLOOR _____ TOTAL SQ. FOOTAGE _____ | STYLE NO. OF STORIES _____ SPLIT LEVEL _____ 1 ½ STORY _____ WALL HEIGHT _____ | PARKING PARKING SPACES _____ OPEN _____ COVERED _____ |
| FLOOR COVERING CARPET _____ % HARDWOOD _____ % VINYL ASBESTOS _____ % FANCY STONE _____ % CONCRETE _____ % OTHER _____ % | | PLUMBING NUMBER OF FIXTURES _____ NUMBER OF ROUGH-INS _____ | |

Note--Any Photos should be uploaded with your supporting documentation. If available, interior and exterior photos.

Note—Please make sure to upload your annual income and operating expense statement.

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.