

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.

Legal Citation & Instructions: This report shall be filed with the assessor of the parish indicated by April 1st or within forty-five days after receipt, whichever is later, in accordance with RS 47:2324.

LAT 1 REAL PROPERTY TAX REPORT – RESIDENTIAL OR HOMEOWNER’S YEAR

RETURN TO: R. TODD DUGAS, CLA ST. MARTIN PARISH ASSESSOR 415 ST. MARTIN STREET ST. MARTINVILLE, LA 70582	WARD _____ ASSESSMENT NO. _____ Parcel # _____	
NAME/ADDRESS (INDICATE ANY CHANGES)	Street Address of Property Description	

Does any building exist on this parcel? YES NO

***If no, skip to the Signature and Verification section at the bottom of this form.**

SECTION 1. BUILDING DATA (IF MORE THAN ONE BUILDING – USE ADDITIONAL FORM)

LIVING AREA _____ SQ. FT CEILING INSULATION: YES NO AGE: _____ YRS DATE OF PURCHASE: _____

TOTAL COST: \$ _____ BUILDING ONLY BUILDING & LAND NO. BATHS: FULL _____ HALF _____

NUMBER OF BEDROOMS: _____

GARAGE _____ SQ. FT. FINISHED UNFINISHED ATTACHED TO HOUSE DETACHED FROM HOUSE 1 CAR 2 CAR 3

CARPORT _____ SQ. FT. 1 CAR 2 CAR 3 CARS OR MORE

PORCHES: NO. 1 SQ. FT. _____ COVERED UNCOVERED FINISHED CEILING UNFINISHED CEILING
 NO. 2 SQ. FT. _____ COVERED UNCOVERED FINISHED CEILING UNFINISHED CEILING

PATIO: NO.1 SQ. FT. _____ COVERED UNCOVERED FINISHED CEILING UNFINISHED CEILING
 NO. 2 SQ. FT. _____ COVERED UNCOVERED FINISHED CEILING UNFINISHED CEILING

IS THIS BUILDING A MOBILE HOME? YES NO

IF YES: MAKE _____ MODEL _____ COLOR _____ SERIAL NUMBER _____

TYPE	CONDITION	STORIES	QUALITY	EXTERIOR	FOUNDATION
<input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> MOBILE HOME <input type="checkbox"/> MODULAR HOME <input type="checkbox"/> TOWN HOUSE <input type="checkbox"/> STORAGE/WKSHOP <input type="checkbox"/> OUTDOOR KITCHEN <input type="checkbox"/> GUEST HOUSE <input type="checkbox"/> POOL HOUSE <input type="checkbox"/> CAMP	<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 <input type="checkbox"/> 2 <input type="checkbox"/> 1 ½ FINISHED <input type="checkbox"/> 1 ½ UNFINISHED <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/ALUMINUM <input type="checkbox"/> BRICK <input type="checkbox"/> STONE <input type="checkbox"/> CONCRETE BLOCK <input type="checkbox"/> CEDAR <input type="checkbox"/> WOOD <input type="checkbox"/> HARDIE PLANK <input type="checkbox"/> PRE-ENGINEERED STEEL	<input type="checkbox"/> PIERS <input type="checkbox"/> CONTINUOUS PIER <input type="checkbox"/> SLAB <input type="checkbox"/> _____

ROOFING	HEATING & COOLING	FLOOR COVERING	FIREPLACES
<input type="checkbox"/> SHINGLE <input type="checkbox"/> MFG. STEEL <input type="checkbox"/> SLATE OR TILE <input type="checkbox"/> TIN <input type="checkbox"/> TERACOTTA (CLAY) TILE <input type="checkbox"/> _____	<input type="checkbox"/> FORCED AIR – WINDOW UNITS <input type="checkbox"/> SPACE <input type="checkbox"/> FLOOR OR WALL FURNACE <input type="checkbox"/> CENTRAL AIR <input type="checkbox"/> SOLAR <input type="checkbox"/> _____	<input type="checkbox"/> CARPET _____% <input type="checkbox"/> CERAMIC TILE/ HARDWOOD _____% <input type="checkbox"/> LAMINATE/LINOLEUM _____% <input type="checkbox"/> STONE _____% <input type="checkbox"/> CONCRETE (STAINED/PAINTED) _____% <input type="checkbox"/> OTHER _____%	NO. OF GAS FIREPLACES _____ NO. OF ELECTRIC FIREPLACES _____ NO. OF WOODBURNING FIREPLACES _____

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.

Signature of Taxpayer _____

Date _____

Email Address _____

Phone # _____