LAT 14 - PIPELINES **PERSONAL PROPERTY TAX FORM**

NAME/ADDRESS: *(INDICATE ANY CHANGES)*

RETURN TO:

Dr. Regina Webb
Assessor For Caddo Parish
501 Texas St. Rm. 102
Shreveport, La. 71101-5411

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 and 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.

PROPERTY LOCATION: *(E911/PHYSICAL ADDRESS)*	**WARD:** **ASSESSMENT NUMBER:**
PARISH: CADDO	
NAME OF BUSINESS:	
OWNER OR CONTACT:	**PHONE:**

SECTION 1 - DESCRIPTION OF PIPELINES

(SUBMIT SEPARATE REPORT FOR EACH WARD)

SIZE (IN INCHES)	TYPE	AGE	LENGTH (IN FEET OR MILES)	COST NEW PER FOOT OR/MILE	FAIR MARKET VALUE	EFFECTIVE AGE	ASSESSED VALUE
						TOTAL ASSESSED VALUE:	

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 Section) that this return has been examined by me and to the best of my knowledge and belief is a true, correct and complete return."

SIGNATURE OF TAXPAYER DATE

TYPE/PRINTED NAME OF TAXPAYER

SECTION 1 - DESCRIPTION OF PIPELINES

(SUBMIT SEPARATE REPORT FOR EACH WARD)

SIZE (IN INCHES)	TYPE	AGE	LENGTH (IN FEET OR MILES)	COST NEW PER FOOT OR/MILE	FAIR MARKET VALUE	EFFECTIVE AGE	ASSESSED VALUE
						TOTAL ASSESSED VALUE:	

SECTION 2 - CONSIGNED GOODS, LEASED, LOANED, OR RENTED EQUIPMENT, FURNITURE, ETC.

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 and 2330)	NEED ASSISTANCE? AFTER YOU REVIEW THE ENCLOSED TAX FORM AND YOU FEEL YOU NEED ASSISTANCE PLEASE CALL YOUR ASSESSOR LISTED ABOVE AT 318-226-6719. THANK YOU

SIGNATURE AND VERIFICATION

"I declare under the penalities for filing false reports (R.S. 14:125; up to 500.00 fine or imprisonment for one year or both, plus additional penalities defined in Act 2330B of the 1989 Regular Section) that this return has been examined by me and to the best of my knowledge and belief is a true, correct and complete return."

SIGNATURE OF TAXPAYER	DATE	SIGNATURE OF PREPARER	DATE
TYPED/PRINTED NAME OF TAXPAYER		TYPED/PRINTED NAME OF PREPARER	