



PERSONAL PROPERTY ASSESSMENT AMENDMENT FORM

Please mail this form and all correspondence to:

THOMAS J. CAPELLA
ASSESSOR, JEFFERSON PARISH
200 DERBIGNY STREET SUITE 1100
GRETNA, LA 70053
ATTN: PERSONAL PROPERTY DEPARTMENT

Please correct bill/ notice/ parcel number

Parcel/Bill/Assessment/Notice #

Business Name

for the year(s) _____.

Signature of Business Owner or Authorized Agent

NOTARY PUBLIC

Business Owner/Authorized Agent Telephone #

Please have the following completed along with this letter:

1. HAVE THIS FORM NOTARIZED
2. FORM(S) FILLED OUT, SIGNED AND DATED

If additional explanation is required please attach a separate letter.

ONCE ALL REQUIREMENTS ARE MET, YOU SHOULD RECEIVE A CORRECTED BILL IN ABOUT 4 - 6 WEEKS

If you have any questions, please contact our Personal Property Department at (504)362-4100.

---FOR OFFICE USE---

DATE SENT

JPAO EMPLOYEE INITIALS

CURRENT YEAR FILED?

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 within forty-five days after receipt, in accordance with RS 47:2324.

LAT 5

PERSONAL PROPERTY REPORT

YEAR

RETURN TO: THOMAS J. CAPELLA ASSESSOR, JEFFERSON PARISH 200 DERBIGNY STREET SUITE 1100 GRETNA, LA 70053		WARD	ASSESSMENT NO.
NAME OF BUSINESS		RECAP - NAME/ADDRESS (Indicate any Changes) FAILURE TO ACCURATELY REPORT THE INFORMATION REQUESTED WILL RESULT IN AN ADDITIONAL PENALTY ASSESSMENT.	
TYPE OF BUSINESS			
LOCATION (if different from mailing address)			
OWNER/PERSON TO CONTACT	BUSINESS AREA SQUARE FEET		
PHONE			

IMPORTANT!

- AN ITEMIZED DEPRECIATION SCHEDULE, LISTING ASSETS (INCLUDING FULLY DEPRECIATED ITEMS AND/OR EXPENSED ITEMS) MAY ACCOMPANY THIS REPORT.
- FIRMS HAVING 10 YEAR EXEMPTION 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 FINANCIAL INSTITUTIONS OR TO THE COMPTROLLER OF CURRENCY AS OF DEC. 31.

SECTION 1.	INVENTORIES/MERCHANDISE					
	Method of Reporting: (Check One) <u> </u> LIFO <u> </u> FIFO <u> </u> COST <u> </u> RETAIL <u> </u> OTHER (Explain)					
	MERCHANDISE	RAW MATERIALS	WORK IN PROGRESS	FINISHED GOODS	SUPPLIES	TOTAL
JANUARY						
FEBRUARY						
MARCH						
APRIL						
MAY						
JUNE						
JULY						
AUGUST						
SEPTEMBER						
OCTOBER						
NOVEMBER						
DECEMBER						
			GRAND TOTAL			
			AVERAGE			

PLEASE MAKE A COPY FOR YOUR RECORDS

SECTION 2. (GROUP BY YEAR OF ACQUISITION) FURNITURE AND FIXTURES (INCLUDING FULLY DEPRECIATED ASSETS)							
YEAR OF ACQUISITION	ACQUISITION COST	YEAR OF ACQUISITION	ACQUISITION COST	YEAR OF ACQUISITION	ACQUISITION COST	YEAR OF ACQUISITION	ACQUISITION COST
						15 YEARS OR OVER	

SECTION 3. (GROUP BY YEAR OF ACQUISITION) MACHINERY AND EQUIPMENT (INCLUDING FULLY DEPRECIATED ASSETS) (EXCLUDE LICENSED MOTOR VEHICLES)							
YEAR OF ACQUISITION	ACQUISITION COST	YEAR OF ACQUISITION	ACQUISITION COST	YEAR OF ACQUISITION	ACQUISITION COST	YEAR OF ACQUISITION	ACQUISITION COST
						25 YEARS OR OVER	

SECTION 4. COMPUTER EQUIPMENT				SECTION 5. LEASEHOLD IMPROVEMENTS/ MISC. PROPERTY		
YEAR OF ACQUISITION	ACQUISITION COST	YEAR OF ACQUISITION	ACQUISITION COST	ITEM	YEAR OF ACQUISITION	ACQUISITION COST
		3 YEARS OR OVER				

SECTION 6. CONSIGNED GOODS, LEASED, LOANED, OR RENTED EQUIPMENT, FURNITURE ETC.
ATTACH LIST SHOWING NAME, ADDRESS, TYPE AND AGE OF PROPERTY, MONTHLY RENTAL

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 Session) that this return has been examined by me and to the best of my knowledge and belief is a true, correct and complete return." "This return must be signed by the taxpayer, authorized officer or partner and by the preparer."

SIGNATURE OF TAXPAYER

DATE

SIGNATURE OF PREPARER

DATE