

RETURN TO: _____ **NAME/ADDRESS:** *(INDICATE ANY CHANGES)*

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 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:** _____

NAME OF BUSINESS: _____ **TYPE OF BUSINESS:** _____
OWNER OR CONTACT: _____ **CONTACT'S PHONE NO.:** _____

IMPORTANT! **• AN ITEMIZED DEPRECIATION SCHEDULE, LISTING ASSETS (INCLUDING FULLY DEPRECIATED ITEMS AND/OR EXPENSED ITEMS) SHALL ACCOMPANY THIS REPORT.**
*** THIS FORM (LAT07) MUST BE ACOMPANIED BY A LAT05**

SHADED AREAS FOR ASSESSOR'S USE ONLY – USE ATTACHMENTS IF NECESSARY

SECTION 1 – OWNER INFORMATION

CELL TOWER OWNER: _____

ADDRESS: _____

TOWER LOCATION: _____

NAME AND ADDRESS(ES) OF ALL COMPANIES LEASING SPACE ON TOWER:

SECTION 2 – TOWER AND ANTENNA
(GROUP BY YEAR OF ACQUISITION)

YEAR OF ACQUISITION	ACQUISITION COST	DESCRIPTION	YEAR OF ACQUISITION	ACQUISITION COST	DESCRIPTION
			21 Years or over.		
			TOTAL MARKET VALUE:		
			ASSESSED VALUE:		

SECTION 3 – ELECTRONICS, SOFTWARE, SWITCHING AND TRANSMISSION EQUIPMENT
(GROUP BY YEAR OF ACQUISITION)

YEAR OF ACQUISITION	ACQUISITION COST	DESCRIPTION	YEAR OF ACQUISITION	ACQUISITION COST	DESCRIPTION

			7 Years or over.		
			TOTAL MARKET VALUE:		
			ASSESSED VALUE:		

SECTION 4 – LEASEHOLD IMPROVEMENTS AND MISC. PROPERTY

(GROUP BY YEAR OF ACQUISITION)

<i>ITEM</i>	YEAR OF ACQUISITION	ACQUISITION COST	AGE	TABLET NO.	COST MULT.	FAIR MARKET VALUE
TOTAL FAIR MARKET VALUE:						
ASSESSED VALUE:						

SECTION 5 – LEASED, LOANED OR RENTED EQUIPMENT, ETC. (IF NOT SHOWN IN SECTION 1)

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

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 & 2330)	NEED ASSISTANCE? AFTER YOU REVIEW THE ENCLOSED TAX FORM AND YOU FEEL YOU NEED ASSISTANCE PLEASE CALL YOUR ASSESSOR LISTED ABOVE AT . THANK YOU
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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."

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