

CONFIDENTIAL:

(RS 47:2327) FORMS FILED BY A TAXPAYER SHALL BE USED BY THE ASSESSOR, THE GOVERNING AUTHORITY, AND THE LOUISIANA TAX COMMISSION 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 45 DAYS AFTER RECEIPT, WHICHEVER IS LATER, IN ACCORDANCE WITH RS 47:2324.

-USE ATTACHMENTS IF NECESSARY-

LAT 12 PERSONAL PROPERTY REPORT – OIL AND GAS PROPERTY YEAR 2017

RETURN TO: Bienville Parish Assessor's Office 100 Courthouse Drive, Suite 1200 Arcadia, LA 71001		WARD:	ASSESSMENT NO.
PARISH		WARD:	
FIELD NAME AND CODE NUMBER			
LOCATION SECTION ____ TOWNSHIP ____ RANGE ____			
OWNER/PERSON TO CONTACT		PHONE	
NAME/ADDRESS (Indicates any Changes)			

SHADED AREA FOR ASSESSOR'S OFFICE USE ONLY – USE ATTACHMENTS IF NECESSARY

DESCRIPTION OF ALL PROPERTY OWNED IN WARD – SUBMIT SEPARATE REPORT FOR EACH WARD

DESCRIPTION OF WELLS AND/OR SURFACE EQUIPMENT BY LEASE	WELL SERIAL NUMBER	LEASE WELL NUMBER	WELL TYPE	ACTIVE LOWER PERF	FAIR MARKET VALUE	ASSESSED VALUE

SUMMARY OF PROPERTY IN WARD AND FIELD

PROPERTY CLASS	FAIR MARKET VALUE	ASSESSED VALUE	<input type="checkbox"/>	PROPERTY CLASS	FAIR MARKET VALUE	ASSESSED VALUE
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			

LAT 12 ATTACHMENT A – COMPLETE A SEPARATE ATTACHMENT FOR EACH WELL SERIAL NUMBER

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

DESCRIPTION OF ALL PROPERTY OWNED IN WARD – SUBMIT SEPARATE REPORT FOR EACH WARD

DESCRIPTION OF WELLS AND/OR SURFACE EQUIPMENT BY LEASE	WELL SERIAL NUMBER	LEASE WELL NUMBER	WELL TYPE	ACTIVE LOWER PERF.	FAIR MARKET VALUE	ASSESSED VALUE

CONSIGNED GOODS, LEASE, 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 & 2330)	NEED ASSISTANCE?	AFTER YOU REVIEW THE ENCLOSED TAX FORM AND YOU FEEL YOU NEED ASSISTANCE PLEASE CALL YOUR ASSESSOR LISTED ABOVE. 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.” “This return must be signed by the taxpayer, authorized officer or partner and by the preparer before a Notary Public.”

SIGNATURE OF TAXPAYER

DATE

SIGNATURE OF PREPARER

DATE

Sworn to and subscribed before me this
_____ day of _____ 20____

Sworn to and subscribed before me this
_____ day of _____ 20____

NOTARY PUBLIC

NOTARY PUBLIC

PRODUCTION DATA

WELL SERIAL NUMBER:

Year/Month	Oil Well:	BBLs. Oil	MCF Gas	Gas Well:	MCF Gas	BBLs. Condensate
2013/1						
/2						
/3						
/4						
/5						
/6						
/7						
/8						
/9						
/10						
/11						
/12						

THIS LAT 12 - ATTACHMENT A MUST BE COMPLETED TO RECEIVE CREDIT FOR ECONOMIC OBSOLESCENCE OR SHUT-IN STATUS. NO ADDITIONAL DOCUMENTATION WILL BE REQUIRED. SHUT-IN STATUS SHOULD BE DETERMINED CONSISTANT WITH LOUISIANA DEPARTMENT OF NATURAL RESOURCES REQUIREMENTS.

Note: Test data or other evidence from field operations may be used to allocate total lease production on multiple well leases.

Is casinghead gas sold? Yes _____ No _____
 Is this well shut-in? Yes _____ No _____