

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

RETURN TO: Vernon Parish Assessor PO Box 1535 Leesville, LA 71496-1535 Email: PersonalProperty@vernonassessor.org		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	ACTUAL AGE*	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 under the penalties for filing false reports that this return has been examined by me and 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 base on all information relating to the matters required to the reported in the return of which he has knowledge.	
SIGNATURE OF TAXPAYER	DATE
PRINTED/TYPED NAME OF TAXPAYER	

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

DESCRIPTION OF WELLS AND/OR SURFACE EQUIP BY LEASE	ACTUAL AGE*	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					

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	
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." "If the return is prepared by someone other than the taxpayer, authorized officer, or partner, this form must be notarized."			
SIGNATURE OF TAXPAYER	DATE	SIGNATURE OF PREPARER	DATE
PRINTED/TYPED NAME OF TAXPAYER		PRINTED/TYPED NAME OF PREPARER	

* Actual age of surface equipment should be reported separately from well serial number, if known or available.

LAT 12 --- ATTACHMENT A

PRODUCTION DATA

WELL SERIAL NUMBER:

Year/Month	Oil Wells		Gas Wells	
	BBLs. Oil	MCF Gas	MCF Gas	BBLs. Condensate
2018				
2019				
2020/01				
/02				
/03				
/04				
/05				
/06				
/07				
/08				
/09				
/10				
/11				
/12				

THIS LAT 12 – ATTACHMENT “A” MUST BE COMPLETED TO RECEIVE CREDIT FOR FUNCTIONAL AND/OR ECONOMIC OBSOLESCENCE OR SHUT-IN STATUS.

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 _____