MADISON COUNTY

CANTON OFFICE P.O. BOX 292

CANTON, MS 39046-0292 CANTON: (601) 859-1921

FAX: (601) 859-2899

IN STATE: 1-800-428-0584 Ext 1921

JOHN FOX, CHIEF DEPUTY

MADISON ANNEX 171 COBBLESTONE DR. MADISON, MS 39110-9197 MADISON: (601) 856-1796 FAX: (601) 856-1855 WWW.MADISON-CO.COM DIANE ODOM, CHIEF DEPUTY

January 4, 2017

To:

Madison County Board of Supervisors

Shelton Vance, County Administrator/Comptroller

From: Norman A. Cannady Jr., Tax Assessor

Re:

IAAO Course 300

John Anderson will be attending the IAAO Course 300, Fundamentals of Mass Appraisal, on February 13-17, 2017. Please issue the following checks to cover the cost of the class and accommodations:

\$470

LAA Seminar Fund Assessors' Seminar Fund 501 Texas St., RM 102 Shreveport, LA 71101 ATTN: Kristin Gonzalez

\$498.50

Crown Plaza Executive Center 4728 Constitution Avenue Baton Rouge, LA 70808 Telephone: (225)925-2244

Fax: (225)930-0140

Copies of IAAO course registration, hotel reservation and LDR lodging Sales/Use Tax Exemption Certificate are attached. Please include LDR Certificate with payment for hotel room.

Jaman A. Camet Jr.

Louisiana Assessors' Seminar Fund

Your registration is not complete until your check is received and processed.

Print this page

IAAO COURSE 300 - FUNDAMENTALS OF MASS APPRAISAL

Date:

02 / 13 - 17, / 2017

Location:

BATON ROUGE, LA; CROWNE PLAZA HOTEL EXECUTIVE CENTER

Registrant Information

Name:

John Anderson

Parish/Company:

Madison County, MS Tax Assessor

Position/Title:

Deputy

Address:

117 Collbestone Dr

Madison, MS 39110

Phone:

601-856-7196

Email:

janders@madison-co.com

Registration #:

003165

Course Tuition:

\$470.00

I have the textbook(s) needed .:

\$

Total:

\$470

PLEASE SEND A COPY OF THIS PAGE ALONG WITH A CHECK MADE PAYABLE TO: LAA SEMINAR FUND.

ASSESSORS' SEMINAR FUND 501 TEXAS ST., RM 102 SHREVEPORT, LA 71101 ATTN: KRISTIN GONZALEZ

Return to Events List



03-JAN-2017

JOHN ANDERSON United States

Dear JOHN ANDERSON

Thank you for making your reservation at the CROWNE PLAZA BATON ROUGE. We have reserved the following accommodations for you:

	Arrival Date	Departure Date	Nightly Rate	Room Type	NO OF ROOMS
1	02-12-17	02-17-17	99.70 USD	2 doubles, nonsmoking	1

Your Confirmation Number is 65657883, and you are guaranteed for late arrival.

The above room rate is per night and is subject to a 14% Room Occupancy Tax. If you wish to cancel your reservation, please do so prior to 6:00pm 24 hours prior to the day of your arrival to avoid cancellation charges. Please be informed that a recovery fee will be assessed on all early departures. Check in time is 4:00 P.M, and Check out time is 11:00 A.M.We are located just off Interstate 10 at College Drive, twelve miles from the Baton Rouge Metro Airport and only a one-hour drive from the New Orleans International Airport.Should you have any questions, please do not hesitate to call us at (225) 925-2244. We look forward to welcoming you to The CROWNE PLAZA BATON ROUGE.

Again, thank you for choosing the CROWNE PLAZA BATON ROUGE. We look forward to having you as our guest.

Best regards,

Reservations Office



Governmental Employees Hotel Lodging Sales/Use Tax Exemption Certificate

Louisiana Revised Statute 47:301(8)(c)

This certificate is for use by employees of the United States government and the State of Louisiana and its political subdivisions. It is used to document employee eligibility for exemption from payment of state sales taxes on hotel lodging charges that are directly reimbursable by the government employer.

PLEASE PRINT OR TYPE.

Employee Name	Hotel Folio or Reference Number							
John Anderson	65657883							
Employee Title	Government Agency Employer							
Deputy Assessor	Madison County Ta	x Ass	essor					
Agency's Address	City	State	ZIP					
171 Cobbiestone	Madison	Ms	39110					
Agency's Telephone Number								
601-856-1796								
This certifies that the employee named above is an employee of the above named government agency and that the lodging charges incurred are necessitated by the employee's conduct of the official business of this government agency. The employee's lodging expenses are required to be accounted for to his government agency employer and are reimbursable by the government agency to the employee in the actual amount incurred. This government agency, therefore, claims exemption from the payment of state sales taxes on the lodging charges for the occupancy of the employee's hotel room.								
Authorization								
Author	rization							
Employee Name	Employee Title							
Employee Name	Employee Title							
Employee Name John Andgrson	Employee Title Deputy Assessor							
Employee Name John Anagy son	Employee Title Defuty Assessor Date (mm/dd/yyyy)	itle (other	than employee)					
Employee Name Sonn Ander Son Employee Signature X	Employee Title Deputy Assessor Date (mm/dd/yyyy) OL 04-17 Government Agency Representative T		A					
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Note: This form is valid only for documenting eligibility for exemption from the payment of state sales tax on charges for room occupancy. The state sales tax must be paid on other taxable purchases from the hotel, including meals, laundry, dry cleaning, and vehicle parking. When this form bears the signature of only the employee, the form must be accompanied by a copy of the employee's written travel orders which states the dates and destination of the authorized travel. The hotel must retain this certificate and a photocopy of the travel orders to document the exemption. This form is not valid to document exemption from the payment of local room occupancy taxes.