FOR OFFICE USE ONLY		AIRCRAFT PERSONAL PROPERTY TAX RETURN  THIS RETURN WILL BE CONSIDERED PUBLIC INFORMATION AND WILL BE OPEN FOR PUBLIC INSPECTION RETURN COMPLETED FORM TO ADDRESS LISTED BELOW	
TAX YEAR   IF ASSISTANCE NEEDED CALL	ACCOUNT NUMBER	COUNTY NAME AND	
2017 404-371-2479	ACCOUNT NOMBER	OCCIVITIVAME AND	TILTOTIIVADDIILOO
DUE DATE OWNER'S PHONE NUMBER (LIST)  04/01/2017		DEKALB COUNTY TAX A	SSESSORS
		PROPERTY APPRAISAL & ASSESSMENT ADMIN. Maloof Annex at 1300 Commerce Drive,	
0.0000000000000000000000000000000000000			
TAXPAYER NAME AND ADDRESS		Decatur, GA 30030	
		TAX SITUS (WHERE YOU LIVE) CHE	ECK ONE
		☐ UNINCORPORATED AREA	
		☐ CITY OF (LIST)	
		IF MAILING ADDRESS OR NAME IS INCORRECT PLEASE CORRECT IN SPACE PROVIDED BELOW	
		NAME:	
		ADDRESS:	
To avoid a 10% penalty, on aircraft not previously returned, file this return no later than the due date listed above. This return is provided to you so you may return the fair market value of your aircraft for this tax year. The return and supporting schedule must be completed and returned in order for the aircraft to be properly returned. Department of Revenue Rule 560-11-1008(3) (c).		CITY, STATE, ZIP:	
PERSONAL PROPERTY STRATA  A. AIRCRAFT - INCLUDES AIRPLANES, ROTOCRAFT, AND LIGHTER THAN AIR VEHICLES, COMMERCIAL AIRLINE AIRCRAFT ARE RETURNED TO THE STATE REVENUE COMMISSIONER.		AIRCRAFT SHALL BE RETURNED TO THE COUNTY WHERE PRIMARY HOME BASE IS LOCATED. LIST THE FAIR MARKET VALUE OF ALL AIRCRAFT UNDER TAXPAYER RETURN COLUMN BELOW.	
		TAXPAYER RETURNED VALUE AS OF JAN. 1 THIS YEAR	FOR TAX OFFICE USE ONLY (TAX ASSESSORS VALUE)
AIRCRAFT NUMBER 1 REGISTRATION N #:			
AIRCRAFT NUMBER 2 REGISTRATION N #:			
AIRCRAFT NUMBER 3 REGISTRATION N #:			
AIRCRAFT NUMBER 4 REGISTRATION N #:			
AIRCRAFT NUMBER 5 REGISTRATION N #:			
TOTALS	>		
IT SHALL BE THE DUTY OF THE COUNTY BOA THE PURPOSE OF ASCERTAINING WHAT PRO			
	TAXPAYER'S	S DECLARATION	
"I do solemnly swear that I have care forgoing tax list, and that the value pl and I further swear that I returned, for or have control of either as agent, exe taxed thereon, I have not attempted e governing taxation in this state. I do f value of every species of property con	aced by me on the prop the purpose of being to ecutor, administrator, or ither by transferring my urther swear that in mak	erty returned, as shown by the list, is axed thereon, every species of prope otherwise, and that in making this re property to another or by any other r	the true market value thereof; rty that I own in my own right turn, for the purpose of being neans to evade the laws
TAXPAYER OR AGENT X:	Signature	TITLE	DATE
OWNERS PHONE NUMBER (Home):		(Day Time)	

PT-50A PAGE 1

## **INSTRUCTION SHEET**

## INSTRUCTIONS FOR PAGE ONE - AIRCRAFT PERSONAL PROPERTY TAX RETURN

- 1. Aircraft shall be returned to the county where principally hangered or tied down and out of which its flights normally originate.
- 2. The return is considered public information and will be open for public inspection.
- 3. If taxpayer name or address is incorrect please correct in the space provided.
- 4. To avoid a 10% penalty on aircraft not previously returned, this return must be filed no later than date listed under the due date column on page one.
- 5. This return is provided for the taxpayer to report the fair market value of all aircraft owned on January 1, this year.
- 6. The fair market value should be listed under the column headed taxpayer return value as of January 1, this year, page one.
- 7. Taxpayer declaration: This declaration must be signed by the owner or agent and dated in order for this to be a valid return.

## INSTRUCTIONS FOR PAGE THREE - SCHEDULE E (AIRCRAFT)

- 1. The schedule is considered confidential information and not open to public inspection O.C.G.A. § 48-5-314. Returns are public information.
- 2. All information about the aircraft should be listed in order for the Board of Tax Assessors to determine the proper assessment.
- 3. If the aircraft has been sold or traded and you did not own on January 1, this year, please list the name and address of new owner in order for the items to be removed from your account.
- 4. Listing anything that is functionally wrong with your aircraft on the bottom of page three. This will help the Board of Assessors make a proper assessment.
- 5. Additional aircraft may be listed on the back of Schedule E. Attach additional sheets if necessary.
- 6. Avionics and extra equipment should be listed under the column headed avionics and extra equipment.

## REFERENCE INFORMATION

- 1. O.C.G.A. § 48-5-299 requires the Board of Tax Assessors to diligently investigate and inquire into the property owned in the county for the purpose of ascertaining what property, real and personal, is subject to taxation in the county and to require its proper return for taxation.
- 2. O.C.G.A. § 48-5-300 grants the Board of Tax Assessors authority to require production of books, papers, or documents, by subpoena if necessary, which may aid in determining the proper assessment.
- 3. O.C.G.A. § 48-5-269 grants the State Revenue Commission the authority to prescribe, the forms, books and records to be used for standard property tax reporting for all taxing units, including but not limited to, the forms, books, records to be used in the listing, appraisal and assessment of property and how the forms, books and records shall be compiled and kept.
- 4. O.C.G.A. § 48-5-269.1 grants the State Revenue Commissioner the authority to adopt and require the use of a uniform procedural manual for appraising tangible real and personal property.
- 5. This return and schedule is submitted to you for your completion in accordance with the above sections of the Georgia Code.

FOR OFFICE USE ONLY		AIRCRAFT SCHEDULE E	
		THIS SCHEDULE IS CONSIDERED CONFIDENTIAL	
		INFORMATION AND NOT OPEN FOR PUBLIC INSPECTION RETURN COMPLETED FORM TO ADDRESS LISTED BELOW.	
TAX YEAR	ACCOUNT NUMBER	COUNTY NAME AND RETURN ADDRESS	
2017 404-371-2479			
DUE DATE OWNER'S PHONE NUMBER (LIST)		DEKALB COUNTY TAX ASSESSORS PROPERTY APPRAISAL & ASSESSMENT ADMIN. Maloof Annex at 1300 Commerce Drive,	
04/01/2017			
TAXPAYER NAME AND ADDRESS		Decatur, GA 30030	
TAY CITUS (MUEDE VOLLUVE) CUECK C	MIT.		
TAX SITUS (WHERE YOU LIVE) CHECK C			
- UNINCORPORATED AREA - CITTO	r (LIST)		
	AIF	OODAFT #4	
AUDDODT WILLEDE AUDODAET DDIAADVU		RCRAFT #1	
AIRPORT WHERE AIRCRAFT PRIMARY H	OME BASED - CITY:	COUNTY: STATE: STATE:	
REGISTRATION "N" #:		AVIONICS AND EXTRA EQUIPMENT	
MFG. NAME: (MAKE)			
MODEL NAME OR #:			
YEAR BUILT:			
SERIAL NUMBER:			
DATE PURCHASED:			
PURCHASED: □ NEW □ USED			
COST:			
HOURS BETWEEN OVERHAULS (TBO):			
HOURS SINCE LAST OVERHAUL:			
LAST OVERHAUL:   MAJOR   TOP		NOTE: Please submit a copy of your log book to substantiate T.B.O. and	
TOTAL HOURS ON AIRFRAME AS OF JAN		airframe hours.	
		RCRAFT #2	
AIRPORT WHERE AIRCRAFT PRIMARY H	OME BASED - CITY:	COUNTY: STATE: STATE:	
REGISTRATION "N" #:		AVIONICS AND EXTRA EQUIPMENT	
MFG. NAME: (MAKE)			
MODEL NAME OR #:			
YEAR BUILT:			
SERIAL NUMBER:			
DATE PURCHASED:			
PURCHASED: NEW USED			
COST:			
HOURS BETWEEN OVERHAULS (TBO):			
HOURS SINCE LAST OVERHAUL:		NOTE DI LA	
LAST OVERHAUL:   MAJOR  TOP		NOTE: Please submit a copy of your log book to substantiate T.B.O. and airframe hours.	
TOTAL HOURS ON AIRFRAME AS OF JAN			
Is there anything functionally wrong with your		NAME OF PURCHASER:	
☐ Yes ☐ No. If yes please provide the Board documentation in order for them to make a pro		ADDRESS:	
·	•	CITY, STATE, ZIP:	
If you sold or traded your aircraft and did not o this year, this section should be completed in o	and an fan dlaa idanaa	DATE SOLD:SALE PRICE:	
to be removed from your account.	order for the items	DESCRIPTION	
-		NAME:	
If purchased used this year, list the name and	address of the	NAME:	
previous owner.		ADDRESS:	
		CITY, STATE, ZIP:	
List anything functionally wrong with your aircraft:			
, 5, <i>sg</i> , s			

LIST ADDITIONAL AIRCRAFTS AVIONICS ON THE BACK OF THIS FORM. ATTACH ADDITIONAL SHEETS IF NEEDED.

► PAGE 3

A	RCRAFT #3
AIRPORT WHERE AIRCRAFT PRIMARY HOME BASED - CITY:	COUNTY:STATE:
REGISTRATION "N" #:	AVIONICS AND EXTRA EQUIPMENT
MFG. NAME: (MAKE)	
MODEL NAME OR #:	
YEAR BUILT:	
SERIAL NUMBER:	
DATE PURCHASED:	
PURCHASED: □ NEW □ USED	
COST:	
HOURS BETWEEN OVERHAULS (TBO):	
HOURS SINCE LAST OVERHAUL:	
LAST OVERHAUL:   MAJOR   TOP	NOTE: Please submit a copy of your log book to substantiate T.B.O. and
TOTAL HOURS ON AIRFRAME AS OF JAN. 1:	airframe hours.
	RCRAFT #4
AIRPORT WHERE AIRCRAFT PRIMARY HOME BASED - CITY:	COUNTY: STATE:
REGISTRATION "N" #:	AVIONICS AND EXTRA EQUIPMENT
MFG. NAME: (MAKE)	AVIORIOGARD EXTRA EQUIT MERT
MODEL NAME OR #:	
YEAR BUILT:	
SERIAL NUMBER:	
DATE PURCHASED:	
COST:	
HOURS BETWEEN OVERHAULS (TBO):	
HOURS SINCE LAST OVERHAUL:	1077 7
LAST OVERHAUL:   MAJOR   TOP	NOTE: Please submit a copy of your log book to substantiate T.B.O. and airframe hours.
TOTAL HOURS ON AIRFRAME AS OF JAN. 1:	
	RCRAFT #5
AIRPORT WHERE AIRCRAFT PRIMARY HOME BASED - CITY:	COUNTY: STATE:
REGISTRATION "N" #:	AVIONICS AND EXTRA EQUIPMENT
MFG. NAME: (MAKE)	
MODEL NAME OR #:	
YEAR BUILT:	
YEAR BUILT: SERIAL NUMBER:	
YEAR BUILT: SERIAL NUMBER: DATE PURCHASED:	
YEAR BUILT: SERIAL NUMBER: DATE PURCHASED: PURCHASED: □ NEW □ USED	
YEAR BUILT: SERIAL NUMBER: DATE PURCHASED: PURCHASED: □ NEW □ USED COST:	
YEAR BUILT: SERIAL NUMBER: DATE PURCHASED: PURCHASED: □ NEW □ USED COST: HOURS BETWEEN OVERHAULS (TBO):	
YEAR BUILT: SERIAL NUMBER: DATE PURCHASED: PURCHASED: □ NEW □ USED  COST: HOURS BETWEEN OVERHAULS (TBO): HOURS SINCE LAST OVERHAUL:	
YEAR BUILT: SERIAL NUMBER: DATE PURCHASED: PURCHASED: □ NEW □ USED  COST: HOURS BETWEEN OVERHAULS (TBO): HOURS SINCE LAST OVERHAUL: LAST OVERHAUL: □ MAJOR □ TOP	NOTE: Please submit a copy of your log book to substantiate T.B.O. and
YEAR BUILT: SERIAL NUMBER: DATE PURCHASED: PURCHASED: □ NEW □ USED  COST: HOURS BETWEEN OVERHAULS (TBO): HOURS SINCE LAST OVERHAUL:	NOTE: Please submit a copy of your log book to substantiate T.B.O. and airframe hours.
YEAR BUILT: SERIAL NUMBER: DATE PURCHASED: PURCHASED: □ NEW □ USED  COST: HOURS BETWEEN OVERHAULS (TBO): HOURS SINCE LAST OVERHAUL: LAST OVERHAUL: □ MAJOR □ TOP	
YEAR BUILT:  SERIAL NUMBER:  DATE PURCHASED:  PURCHASED:  USED  COST:  HOURS BETWEEN OVERHAULS (TBO):  HOURS SINCE LAST OVERHAUL:  LAST OVERHAUL:  DMAJOR  TOP  TOTAL HOURS ON AIRFRAME AS OF JAN. 1:  Is there anything functionally wrong with your aircraft?  Yes  No. If yes please provide the Board of Assessors with	airframe hours.  NAME OF PURCHASER:
YEAR BUILT:  SERIAL NUMBER:  DATE PURCHASED:  PURCHASED: □ NEW □ USED  COST:  HOURS BETWEEN OVERHAULS (TBO):  HOURS SINCE LAST OVERHAUL:  LAST OVERHAUL: □ MAJOR □ TOP  TOTAL HOURS ON AIRFRAME AS OF JAN. 1:  Is there anything functionally wrong with your aircraft?	airframe hours.  NAME OF PURCHASER: ADDRESS:
YEAR BUILT:  SERIAL NUMBER:  DATE PURCHASED:  PURCHASED:   NEW   USED  COST:  HOURS BETWEEN OVERHAULS (TBO):  HOURS SINCE LAST OVERHAUL:  LAST OVERHAUL:   MAJOR   TOP  TOTAL HOURS ON AIRFRAME AS OF JAN. 1:  Is there anything functionally wrong with your aircraft?    Yes   No. If yes please provide the Board of Assessors with documentation in order for them to make a proper assessment.  If you sold or traded your aircraft and did not own on January 1	airframe hours.  NAME OF PURCHASER: ADDRESS: CITY, STATE, ZIP:
YEAR BUILT:  SERIAL NUMBER:  DATE PURCHASED:  PURCHASED:	airframe hours.  NAME OF PURCHASER:
YEAR BUILT:  SERIAL NUMBER:  DATE PURCHASED:  PURCHASED:	airframe hours.  NAME OF PURCHASER:
YEAR BUILT:  SERIAL NUMBER:  DATE PURCHASED:  PURCHASED: □ NEW □ USED  COST:  HOURS BETWEEN OVERHAULS (TBO):  HOURS SINCE LAST OVERHAUL:  LAST OVERHAUL: □ MAJOR □ TOP  TOTAL HOURS ON AIRFRAME AS OF JAN. 1:  Is there anything functionally wrong with your aircraft?  □ Yes □ No. If yes please provide the Board of Assessors with documentation in order for them to make a proper assessment.  If you sold or traded your aircraft and did not own on January 1 this year, this section should be completed in order for the items to be removed from your account.  If purchased used this year, list the name and address of the	airframe hours.  NAME OF PURCHASER: ADDRESS: CITY, STATE, ZIP: DATE SOLD: DESCRIPTION  NAME:
YEAR BUILT:  SERIAL NUMBER:  DATE PURCHASED:  PURCHASED:	airframe hours.  NAME OF PURCHASER:
YEAR BUILT:  SERIAL NUMBER:  DATE PURCHASED:  PURCHASED:	airframe hours.  NAME OF PURCHASER: ADDRESS: CITY, STATE, ZIP: DATE SOLD: DESCRIPTION  NAME:
YEAR BUILT:  SERIAL NUMBER:  DATE PURCHASED:  PURCHASED:	airframe hours.  NAME OF PURCHASER: ADDRESS: CITY, STATE, ZIP: DATE SOLD: DESCRIPTION  NAME: ADDRESS: CITY, STATE, ZIP:
YEAR BUILT:  SERIAL NUMBER:  DATE PURCHASED:  PURCHASED:	airframe hours.  NAME OF PURCHASER: ADDRESS: CITY, STATE, ZIP: DATE SOLD: DESCRIPTION  NAME: ADDRESS: CITY, STATE, ZIP:
YEAR BUILT:  SERIAL NUMBER:  DATE PURCHASED:  PURCHASED:	airframe hours.  NAME OF PURCHASER: ADDRESS: CITY, STATE, ZIP: DATE SOLD: DESCRIPTION  NAME: ADDRESS: CITY, STATE, ZIP:
YEAR BUILT:  SERIAL NUMBER:  DATE PURCHASED:  PURCHASED:	airframe hours.  NAME OF PURCHASER: ADDRESS: CITY, STATE, ZIP: DATE SOLD: DESCRIPTION  NAME: ADDRESS: CITY, STATE, ZIP:
YEAR BUILT:  SERIAL NUMBER:  DATE PURCHASED:  PURCHASED:	airframe hours.  NAME OF PURCHASER: ADDRESS: CITY, STATE, ZIP: DATE SOLD: DESCRIPTION  NAME: ADDRESS: CITY, STATE, ZIP:
YEAR BUILT:  SERIAL NUMBER:  DATE PURCHASED:  PURCHASED:	airframe hours.  NAME OF PURCHASER: ADDRESS: CITY, STATE, ZIP: DATE SOLD: DESCRIPTION  NAME: ADDRESS: CITY, STATE, ZIP:
YEAR BUILT:  SERIAL NUMBER:  DATE PURCHASED:  PURCHASED:	airframe hours.  NAME OF PURCHASER: ADDRESS: CITY, STATE, ZIP: DATE SOLD: DESCRIPTION  NAME: ADDRESS: CITY, STATE, ZIP:
YEAR BUILT:  SERIAL NUMBER:  DATE PURCHASED:  PURCHASED:	airframe hours.  NAME OF PURCHASER: ADDRESS: CITY, STATE, ZIP: DATE SOLD: DESCRIPTION  NAME: ADDRESS: CITY, STATE, ZIP:
YEAR BUILT:  SERIAL NUMBER:  DATE PURCHASED:  PURCHASED:	airframe hours.  NAME OF PURCHASER: ADDRESS: CITY, STATE, ZIP: DATE SOLD: DESCRIPTION  NAME: ADDRESS: CITY, STATE, ZIP:
YEAR BUILT:  SERIAL NUMBER:  DATE PURCHASED:  PURCHASED:	airframe hours.  NAME OF PURCHASER: ADDRESS: CITY, STATE, ZIP: DATE SOLD: DESCRIPTION  NAME: ADDRESS: CITY, STATE, ZIP:
YEAR BUILT:  SERIAL NUMBER:  DATE PURCHASED:  PURCHASED:	airframe hours.  NAME OF PURCHASER: ADDRESS: CITY, STATE, ZIP: DATE SOLD: DESCRIPTION  NAME: ADDRESS: CITY, STATE, ZIP: