FOR OFFICE USE ONLY			AIRCRAFT PERSONAL P		
			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		
2014	404-371-2479				
DUE DATE	OWNER'S PHONE NUMBER (LIST)		DEKALB COUNTY TAX A	SSESSORS	
04/01/2014			PROPERTY APPRAISAL & ASSESSMENT ADMIN.		
			- 120 WEST TRINITY PL		
TAXPAYER NAME AND ADDRESS			DECATUR, GEORGIA 30	030	
			TAX SITUS (WHERE YOU LIVE) CHE	ECK ONE	
			UNINCORPORATED AREA	UNINCORPORATED AREA	
			CITY OF (LIST)		
			IF MAILING ADDRESS OR NAME IS INCORRECT PLEASE CORRECT IN SPACE PROVIDED BELOW		
			NAME:		
			ADDRESS:		
	a 10% penalty, on aircraft not p		CITY, STATE, ZIP:		
	turn no later than the due date n is provided to you so you may				
	alue of your aircraft for this tax y				
	orting schedule must be comple				
	or the aircraft to be properly retu ue Rule 560-11-1008(3) (c).	Irned. Department			
OFTIEVEIN	de fidie 300-11-1008(3) (C).				
וס	ERSONAL PROPERTY STR	ΑΤΛ	AIRCRAFT SHALL BE RETURNED T		
			HOME BASE IS LOCATED. LIST THE AIRCRAFT UNDER TAXPAYER RETU		
THAN AI	FT - INCLUDES AIRPLANES, ROTOC R VEHICLES, COMMERCIAL AIRLINI	E AIRCRAFT ARE			
RETURN	ED TO THE STATE REVENUE COMM	ISSIONER.	TAXPAYER RETURNED VALUE AS OF JAN. 1 THIS YEAR	FOR TAX OFFICE USE ONLY (TAX ASSESSORS VALUE)	
			AS OF JAN. I THIS TEAR		
AIRCRAFT REGISTRA					
AIRCRAFT NUMBER 2 REGISTRATION N #:					
AIRCRAFT REGISTRA					
AIRCRAFT REGISTRA					
AIRCRAFT REGISTRA					
ΤΟΤΑ	IS	>			
	LU	F			
IT SHAL		ARD OF TAX ASSESSORS TO	INVESTIGATE AND TO INQUIRE INTO THE PRO		
			ATION AND TO REQUIRE THE PROPER RETUR		
		TAXPAYER'	S DECLARATION		
			rd read) and have duly considered the		
			perty returned, as shown by the list, is		
			taxed thereon, every species of prope r otherwise; and that in making this re		
taxed t	hereon, I have not attempted	either by transferring my	y property to another or by any other r	means to evade the laws	
			aking this return I have done so by est	imating the true worth and	
value o	of every species of property co	mained therein."			
TAXPA	YER OR AGENT X:	0 incention	TITLE	DATE	
		Signature			
OWNERS PHONE NUMBER (Home):			(Day Time)		
			· · ·		

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	IF ASSISTANCE NEEDED CALL	ACCOUNT NUMBER	COUNTY NAME AND RETURN ADDRESS		
2014	404-371-2479				
DUE DATE	OWNER'S PHONE NUMBER (LIST)		DEKALB COUNTY TAX ASSESSORS		
04/01/2014			PROPERTY APPRAISAL & ASSESSMENT ADMIN.		
			120 WEST TRINITY PLACE		
TAXPAYER NAME AND ADDRESS			DECATUR, GEORGIA 30030		
	S (WHERE YOU LIVE) CHECK C				
	DRPORATED AREA CITY O	= (LIST)			
		AIF	RCRAFT #1		
AIRPORT	WHERE AIRCRAFT PRIMARY H	OME BASED - CITY:	COUNTY:STATE:		
REGISTRA	ATION "N" #:		AVIONICS AND EXTRA EQUIPMENT		
MFG. NAM	IE: (MAKE)				
MODEL NA	AME OR #:				
YEAR BUI	LT:				
SERIAL NU	JMBER:				
DATE PUR	CHASED:				
PURCHAS	ED: 🗆 NEW 🗆 USED				
COST:					
HOURS BE	TWEEN OVERHAULS (TBO):				
HOURS SI	NCE LAST OVERHAUL:				
LAST OVE	RHAUL: 🗆 MAJOR 🛛 TOP		NOTE: Please submit a copy of your log book to substantiate T.B.O. and		
TOTAL HO	URS ON AIRFRAME AS OF JAN	. 1:	airframe hours.		
			RCRAFT #2		
	WHERE AIRCRAFT PRIMARY H	OME BASED - CITY:	COUNTY:STATE:		
	ATION "N" #:		AVIONICS AND EXTRA EQUIPMENT		
MFG. NAM	IE: (MAKE)				
MODEL NA	AME OR #:				
YEAR BUI	LT:				
SERIAL NU					
DATE PUF	CHASED:				
PURCHAS	ED: 🗆 NEW 🗆 USED				
COST:					
HOURS BE	TWEEN OVERHAULS (TBO):				
	NCE LAST OVERHAUL:				
	RHAUL: 🗆 MAJOR 🗆 TOP		NOTE: Please submit a copy of your log book to substantiate T.B.O. and		
TOTAL HO	URS ON AIRFRAME AS OF JAN	. 1:	airframe hours.		
	thing functionally wrong with your		NAME OF PURCHASER:		
	No. If yes please provide the Board		ADDRESS:		
	tion in order for them to make a pro		CITY, STATE, ZIP:		
	or traded your aircraft and did not o	rdor for the items	DATE SOLD:SALE PRICE:		
	is section should be completed in o ved from your account.	order for the items >	DESCRIPTION		
			1		
	d used this year, list the name and	address of the	NAME:		
previous ow	/ner.	~	ADDRESS:		
			CITY, STATE, ZIP:		
List anythin	a functionally wrong with your sirer	aft.			
List anything functionally wrong with your aircraft:					
<u> </u>					
		THE BACK OF THIS FORM	I. ATTACH ADDITIONAL SHEETS IF NEEDED.		

AIF	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: A 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.
	CRAFT #4
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:	
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 #5
AIRPORT WHERE AIRCRAFT PRIMARY HOME BASED - CITY:	COUNTY:STATE:
REGISTRATION "N" #:	AVIONICS AND EXTRA EQUIPMENT
MFG. NAME: (MAKE)	
MODEL NAME OR #:	
MODEL NAME OR #:	
MODEL NAME OR #: YEAR BUILT:	
MODEL NAME OR #: YEAR BUILT: SERIAL NUMBER:	
MODEL NAME OR #: YEAR BUILT: SERIAL NUMBER: DATE PURCHASED:	
MODEL NAME OR #: YEAR BUILT: SERIAL NUMBER: DATE PURCHASED: PURCHASED: USED	
MODEL NAME OR #: YEAR BUILT: SERIAL NUMBER: DATE PURCHASED: PURCHASED: NEW USED COST:	
MODEL NAME OR #: YEAR BUILT: SERIAL NUMBER: DATE PURCHASED: PURCHASED:	NOTE: Please submit a copy of your log book to substantiate T.B.O. and
MODEL NAME OR #: YEAR BUILT: SERIAL NUMBER: DATE PURCHASED: PURCHASED:	NOTE: Please submit a copy of your log book to substantiate T.B.O. and airframe hours.
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