

I N S T R U C T I O N S

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 tax 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 1.
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. This 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 Assessors to determine the proper assessment.
3. If the aircraft has been sold or traded and you did not own it 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 Commissioner 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 and 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.

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
2009	(404) 612-6440	
DUE DATE	OWNERS PHONE NUMBER (LIST)	
04/01/2009		

COUNTY NAME AND RETURN ADDRESS	TAXPAYER NAME AND ADDRESS
FULTON COUNTY BOARD OF TAX ASSESSORS PERSONAL PROPERTY DIVISION Fulton County Government Center 141 Pryor Street, S.W. - Suite 1047 ATLANTA, GEORGIA 30303-3487	

TAX SITUS (WHERE YOU LIVE) CHECK ONE () UNINCORPORATED AREA
 () CITY OF (LIST)

AIRCRAFT # 1

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 OVERHAULS:		
LAST OVERHAUL: MAJOR () TOP ()	NOTE: Please submit a copy of your log book to substantiate T.B.O. and airframe hours.	
TOTAL TIME ON AIRFRAME AS OF JAN. 1:		

AIRCRAFT # 2

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 airframe hours.	
TOTAL TIME ON AIRFRAME AS OF JAN. 1:		

IS THERE ANYTHING FUNCTIONALLY WRONG WITH YOUR AIRCRAFT? YES () NO () IF YES PLEASE PROVIDE THE BOARD OF ASSESSOR WITH THIS INFORMATION IN ORDER FOR THEM TO MAKE A PROPER ASSESSMENT. (List Below)	NAME OF PURCHASER: _____ ADDRESS: _____ CITY, STATE, ZIP: _____ DATE SOLD: _____ SALE PRICE: _____ DESCRIPTION: _____
IF YOU SOLD OR TRADED YOUR AIRCRAFT AND DID NOT ON JANUARY 1, THIS YEAR, THIS SECTION SHOULD BE COMPLETED IN ORDER FOR THE ITEMS TO BE REMOVED FROM YOUR ACCOUNT. ➤	NAME: _____ ADDRESS: _____ CITY, STATE, ZIP: _____
IF PURCHASED USED THIS YEAR, LIST THE NAME AND ADDRESS OF THE PREVIOUS OWNER. ➤	

List anything functionally wrong with your aircraft: _____

AIRCRAFT # 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 OVERHAULS:		
LAST OVERHAUL: MAJOR () TOP ()	NOTE: Please submit a copy of your log book to substantiate T.B.O. and airframe hours.	
TOTAL TIME ON AIRFRAME AS OF JAN. 1:		

AIRCRAFT # 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:		
DATE PURCHASED:		
PURCHASED: NEW () USED ()		
COST:		
HOURS BETWEEN OVERHAULS (TBO):		
HOURS SINCE LAST OVERHAULS:		
LAST OVERHAUL: MAJOR () TOP ()	NOTE: Please submit a copy of your log book to substantiate T.B.O. and airframe hours.	
TOTAL TIME ON AIRFRAME AS OF JAN. 1:		

AIRCRAFT # 5		
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 airframe hours.	
TOTAL TIME ON AIRFRAME AS OF JAN. 1:		

IS THERE ANYTHING FUNCTIONALLY WRONG WITH YOUR AIRCRAFT? YES () NO (). IF YES PLEASE PROVIDE THE BOARD OF ASSESSOR WITH THIS INFORMATION IN ORDER FOR THEM TO MAKE A PROPER ASSESSMENT. (List Below)	NAME OF PURCHASER: _____
IF YOU SOLD OR TRADED YOUR AIRCRAFT AND DID NOT ON JANUARY 1, THIS YEAR, THIS SECTION SHOULD BE COMPLETED IN ORDER FOR THE ITEMS TO BE REMOVED FROM YOUR ACCOUNT. ➤	ADDRESS: _____
IF PURCHASED USED THIS YEAR, LIST THE NAME AND ADDRESS OF THE PREVIOUS OWNER. ➤	CITY, STATE, ZIP: _____
	DATE SOLD: _____ SALE PRICE: _____
	DESCRIPTION: _____
List anything functionally wrong with your aircraft: _____	NAME: _____
_____	ADDRESS: _____
_____	CITY, STATE, ZIP: _____

