INSTRUCTIONS

INSTRUCTIONS FOR PAGE ONE - AIRCRAFT PERSONAL PROPERTY TAX RETURN

- 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.
- The fair market value should be listed under the column headed taxpayer return value as of January 1, this year, page 1.
- 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.
- All information about the aircraft should be listed in order for the Board of Assessors to determine the proper assessment.
- 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.
- 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

- 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.
- This return and schedule is submitted to you for your completion in accordance with the above sections of the Georgia Code.



PRINT	CLEAR		Account number assigned to owner/taxpayer by
AIRCRAFT	TAX YEAR IF ASSISTANCE NEEDI		the Assessors' office. Account number begins
PERSONAL PROPERTY TAX RETURN THIS RETURN IS CONSIDERED PUBLIC INFORMATION	2024 (770) 822-72 DUE DATE OWN	IERS PHONE NUMBER (LIST)	with an A (for Aircraft).
THIS RETURN IS CONSIDERED PUBLIC INFORMATION AND WILL BE OPEN FOR PUBLIC INSPECTION RETURN COMPLETED FORM TO ADDRESS LISTED BELOW	April 1, 2024	ACKS FILONE NOMBER (CIST)	If no account number assigned, leave blank.
COUNTY NAME AND RETURN ADDRESS		E AND ADDRESS	
GWNNETT COUNTY ASSESSOR'S OFFICE			
PERSONAL PROPERTY DIVISION		_	Owner/taxpayer name and mailing
75 LANGLEY DRIVE LAWRENCEVILLE, GA 30046			
EAWACING LVIELE, OA 30040			
	TAX SITUS (WHERE YOU LIVE) CH	IECK ONE	
To avoid a 10% penalty on aircraft not previously	UNINCORPORATED AREA		
returned, file this return no later than the due date listed above. This return is provided to you so		OR NAME IS INCORRECT,	
you may return the fair market value of your		SPACE PROVIDED BELOW.	
aircraft for this tax year. The return and supporting	NAME:		If the comentary constant and the matter of
schedule must be completed and returned in			If the owner/taxpayer name and/or mailing
order for the aircraft to be properly returned.	ADDRESS:		address changed, enter the new information
Department of Revenue Rule 560-11-1008 (3) (C).	CITY, STATE, ZIP:		
	····, ··· ·· · · · · · · · · · · · · ·		
PERSONAL PROPERTY STRATA		THE COUNTY WHERE PRIMARY HOME	
A. AIRCRAFT- INCLUDES AIRPLANES, ROTOCRAFT, AND	BASE IS LOCATED. LIST THE FAIR MA TAXPAYER RETURN COLUMN BELOW	RKET VALUE OF ALL AIRCRAFT UNDER	
LIGHTER THAN AIR VEHICLES. COMMERCIAL AIRLINE	TAXPAYER RETURN	FOR TAX OFFICE USE ONLY	
AIRCRAFT ARE RETURNED TO THE STATE REVENUE COMMISSIONER.	VALUE AS OF	(TAX ASSESSORS VALUE)	
	JAN. 1 THIS YEAR		
AIRCRAFT NUMBER 1			
REGISTRATION N #:			
AIRCRAFT NUMBER 2			
REGISTRATION N #:			
1000 1000 100 100 100 100 100 100 100 1			This costion is far the summy/townsyar to report
AIRCRAFT NUMBER 3			This section is for the owner/taxpayer to report the Fair Market Value of all aircraft owned.
REGISTRATION N #:			the Fair Market value of all aircraft owned.
AIRCRAFT NUMBER 4			
REGISTRATION N #:	I		
AIRCRAFT NUMBER 5			
REGISTRATION N #:	-		
TOTAL			
101/12			
It shall be the duty of the County Board of Tax Assessors to	investigate and to inquire into the	property owned in the county for	
the purpose of ascertaining what property is subject to taxa	tion and to require the proper retui	n of the property for taxation.	
TAXPAYER'	S DECLARATION		
"I do solemnly swear that I have carefully read (or have hea		the questions propounded in the	
foregoing tax list, and that the value placed by me on the pro			
and I further swear that I returned, for the purpose of being	taxed thereon, every species of pr	operty that I own in my own right	VOLLOR VOLID A CENTE A LICE CASCALLA
or have control of either as agent, executor, administrator, of			YOU OR YOUR AGENT MUST; SIGN YOUR
taxed thereon, I have not attempted either by transferring			NAME, PRINT YOUR NAME AND YOUR TITI
governing taxation in this state. I do further swear that in make of every species of property contained therein."	king this return i have done so by es	umating the true worth and value	(POSITION), ENTER TODAY'S DATE, AND
or every species or property contained therein.			PROVIDE A TELEPHONE NUMBER.
TAXPAYER OR AGENT X	TITLE	DATE	
TAXFATER OR AGENT A		DAIE	

PAGE 1

OWNERS PHONE NUMBER: (Home) ______(DayTime) _____

AIRCRAFT SCHEDULE E	TAXYEAR	IF ASSISTANCE NEEDED CALL	ACCOUNT NUMBER	
THIS SCHEDULE IS CONSIDERED CONFIDENTIAL	2024	(770) 822-7220		
INFORMATION AND NOT OPEN FOR PUBLIC INSPECTION.	DUE DA		UMBER (LIST)	
RETURN COMPLETED FORM TO ADDRESS LISTED BELOW	April 1, 20	· —		
COUNTY NAME AND RETURN ADDRESS		724 I FAXPAYER NAME AND ADDRESS		To be completed with the same information
		IAMPATER NAME AND ADDRESS	•	from page 1 of this document
GWINNETT COUNTY ASSESSOR'S OFFICE				ram page 1 at any avenue.
PERSONAL PROPERTY DIVISION				
75 LANGLEY DRIVE				
LAWRENCEVILLE, GA 30046				
TAX SITUS (WHERE YOU LIVE) CHECK ONE UNINCO	RPORATED	AREA		
CITY OF (LIST)				
	RCRAFT#1			Lacation where the circueft is hongored (tied
AIRPORT WHERE AIRCRAFT PRIMARY HOME BASED - (COUNTY	STATE	Location where the aircraft is hangered/tied
REGISTRATION "N" #:	I	AVIONICS AND EXTRA EQUIP		down or from where flights normally originate.
MFG. NAME: (MAKE)		, to local control and a second		
MODEL NAME OR #:	1			
YEAR BUILT:	1			
				B1 11 114 11 11
SERIAL NUMBER:	1			Please provide as much information regarding
DATE PURCHASED				the aircraft as possible so an accurate value
PURCHASED: NEW USED				can be established.
COST:				can be established.
HOURS BETWEEN OVERHAULS (TBO):				
HOURS SINCE LAST OVERHAUL:				
LAST OVERHAUL: MAJOR TOP	NOTE: Plea	se submit a copy of your log book t	o substantiate T.B.O.	If available, please include a copy of the
TOTAL HOURS ON AIRFRAME AS OF JAN. 1:	and airframe			logbook for each aircraft.
	CRAFT#2			
AIRPORT WHERE AIRCRAFT PRIMARY HOME BASED - (STATE	
REGISTRATION "N" #:	ĭ'''	AVIONICS AND EXTRA EQUIP		
MFG. NAME: (MAKE)	<u> </u>	AVIONICS AND EXTRA EQUIP	IVIENI	
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: Plea	se submit a copy of your log book t	to substantiate T.B.O.	
TOTAL HOURS ON AIRFRAME AS OF JAN. 1:	and airframe			
Is there anything functionally wrong with your aircraft? Yes No		PURCHASER:		If the aircraft was sold prior to Jan 1st of the
If yes, please provide the Board of Assessors with information in order		il <u></u>		
for them to make a proper assessment. (List Below)	CITY, STAT	E, ZIP:		taxable year, please enter the sale and
If we had a head a decrease the solution of th	DATE SOL	D: SALE PRICE	=×	purchaser's information here.
If you sold or traded your aircraft and did not own on January 1,	DESCRIPT	TION		
this year, this section should be completed in order for the items	DESCRIP	ION		
to be removed from your account.				
If purchased used this year, list the name and address of	NAME:			
the previous owner.	ADDRESS			
	CITY, STAT	E, ZIP:		
List anything functionally wrong with your aircraft:				
				
				Liet enuthing functionally over a with the
				List anything functionally wrong with the
				aircraft in this section.

LIST ADDITIONAL AIRCRAFT AND AVIONICS ON THE BACK OF THIS FORM. ATTACH ADDITIONAL SHEETS IF NEEDED. PAGE 3

AIF	RCRAFT#3
AIRPORT WHERE AIRCRAFT PRIMARY HOME BASED -	CITYSTATE
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 OVER HAUL: MAJOR TOP	NOTE: Please submit a copy of your log book to substantiate T.B.O.
TOTAL HOURS ON AIRFRAME AS OF JAN. 1:	and airframe hours.
	RCRAFT # 4
AIRPORT WHERE AIRCRAFT PRIMARY HOME BASED -	
REGISTRATION "N" #:	AVIONICS AND EXTRA EQUIPMENT
MFG. NAME: (MAKE)	AVIONICS AND EXTRA EQUIPMENT
MODEL NAME OR #:	
YEAR BUILT:	
SERIAL NUMBER:	
DATE PURCHASED	
PURCHASED: NEW USED USED	
COST:	
HOURS BETWEEN OVERHAULS (TBO):	
HOURS SINCE LAST OVERHAUL:	NOTE DI LA CALLE DE LA CALLED D
LAST OVER HAUL: MAJOR TOP	NOTE: Please submit a copy of your log book to substantiate T.B.O.
TOTAL HOURS ON AIRFRAME AS OF JAN. 1:	and airframe hours.
	RCRAFT#5
AIRPORT WHERE AIRCRAFT PRIMARY HOME BASED -	
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:	
YEAR BUILT: SERIAL NUMBER: DATE PURCHASED PURCHASED: NEW USED COST: HOURS BETWEEN OVERHAULS (TBO): HOURS SINCE LAST OVERHAUL: LAST OVER HAUL: MAJOR TOP	NOTE: Please submit a copy of your log book to substantiate T.B.O.
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 OVER HAUL: MAJOR TOP TOTAL HOURS ON AIRFRAME AS OF JAN. 1:	and airframe hours.
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YEAR BUILT: SERIAL NUMBER: DATE PURCHASED PURCHASED: NEW USED COST: HOURS BETWEEN OVERHAULS (TBO): HOURS SINCE LAST OVERHAUL: LAST OVER HAUL: 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 information in order	and airframe hours. NAME OF PURCHASER:
YEAR BUILT: SERIAL NUMBER: DATE PURCHASED PURCHASED: NEW USED COST: HOURS BETWEEN OVERHAULS (TBO): HOURS SINCE LAST OVERHAUL: LAST OVER HAUL: 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 information in order for them to make a proper assessment (List Below)	and airframe hours. NAME OF PURCHASER: ADDRESS: CITY, STATE, ZIP:
YEAR BUILT: SERIAL NUMBER: DATE PURCHASED PURCHASED: NEW USED COST: HOURS BETWEEN OVERHAULS (TBO): HOURS SINCE LAST OVERHAUL: LAST OVER HAUL: 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 information in order for them to make a proper assessment (List Below) If you sold or traded your aircraft and did not own on January 1,	and airframe hours. NAME OF PURCHASER:
YEAR BUILT: SERIAL NUMBER: DATE PURCHASED PURCHASED: NEW USED COST: HOURS BETWEEN OVERHAULS (TBO): HOURS SINCE LAST OVERHAUL: LAST OVER HAUL: 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 information in order for them to make a proper assessment. (List Below) 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	and airframe hours. NAME OF PURCHASER: ADDRESS: CITY, STATE, ZIP:
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