# AIRCRAFT PROPERTY STATEMENT

Declaration of costs and other related property information as of 12:01 a.m., January 1, 20\_\_\_\_

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County of Inyo Dave Stottlemyre, Assessor P.O. Box J Independence, CA 93526 (760) 878-0302 inyoassessor@inyocounty.us

FOR ASSESSOR'S USE ONLY

FILE RETURN BY: \_

PLEASE NOTE: This form must be filed timely with the Assessor's office, regardless of the status of any Historical Aircraft Exemption Claim. Penalties will apply if not filed. NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address)



FIXED BASE OPERATOR NAME			LAST MAJO	DR AIRFRAME OVERHAUL DATE: COST:
				\$
AIRCRAFT CONDITION:				
WHEN PURCHASED NEW	GOOD	AVERAGE	POOR	DAMAGE HISTORY
CURRENT NEW	GOOD	AVERAGE	POOR	YES NO IF YES, SEE INSTRUCTIONS AND ATTACH STATEMENT.
INTERIOR NEW	GOOD	AVERAGE	POOR	EQUIPMENT LEASED, EXCHANGED, ADDED OR RETIRED
EXTERIOR NEW	GOOD	AVERAGE	POOR	YES NO IF YES, SEE INSTRUCTIONS AND ATTACH SCHEDULE.
TYPE OF USAGE:		_		

PERSONAL/PLEASURE \_\_\_\_\_FLIGHT TRAINING \_\_\_\_\_RENTAL \_\_\_\_ CHARTER/TAXI \_\_\_\_ BUSINESS \_\_\_\_\_ FRACTIONAL OWNERSHIP PROGRAM \_\_\_\_\_SHOW/MUSEUM IF YOU CHECKED CHARTER/TAXI, DO YOU USE THE AIRCRAFT IN COMMON CARRIAGE MORE THAN 50% OF THE TIME? \_\_\_\_\_YES \_\_\_\_NO NOTE: COMMON CARRIAGE DOES NOT INCLUDE FERRY FLIGHTS OR PART 91 OWNER FLIGHTS.

AVIONICS SUMMARY: REPORT ONLY ADDED OR REPLACED AVIONICS. DO NOT REPORT ORIGINAL STANDARD FACTORY AVIONICS.

UNIT	ACQUISITION DATE	COST NEW	CONDITION	ASSESSOR USE ONLY	UNIT	COST NEW	CONDITION	ASSESSOR USE ONLY
RVSM REDUCED VERTICAL SEPARATION MINIMUM MONITOR					RADAR ALTIMETER			
TAWS TERRAIN AWARENESS WARNING SYSTEM					ENCODER			
EFIS ELECTRONIC FLIGHT INSTRUMENT SYSTEM					RMI RADIO MAGNETIC INDICATOR			
TCAS TRAFFIC ALERT COLLISION AVOIDANCE SYSTEM					VLF VERY LOW FREQUENCY			
NAVCOM #1					PHONE			
NAVCOM #2					RADAR			
TRANSPONDER A C					LORAN			
GLIDESLOPE					ADF AUTOMATIC DIRECTION FINDER			
LOCALIZER					DME DISTANCE MEASURING EQUIPMENT			
COMPASS SYSTEM/HSI HORIZONTAL SITUATION INDICATOR					AIR CONDITIONING			
AUTOPILOT NUMBER OF AXES					BOOTS			
FLIGHT DIRECTOR					HF TRANSCEIVERS HIGH FREQUENCY			
GPS IFR GLOBAL POSITIONING SYSTEM, INSTRUMENT FLIGHT RULES					OTHER NON-FACTORY AVIONICS			

THE DECLARATION BY ASSESSEE ON PAGE 2 MUST BE COMPLETED AND SIGNED THIS DOCUMENT IS NOT SUBJECT TO PUBLIC INSPECTION



#### PLEASE ENTER INFORMATION AS OF JANUARY 1 OF THIS YEAR.

AIRFRAME HOURS:						
ENGINE(S)	SINGLE	LEFT	RIGHT	FOR HEL	ICOPTERS - HOURS SINC	E MAJOR OVERHAUL:
MAKE				ENGINE	MAIN ROTOR BLADES	MAIN ROTOR HEAD ASSEMBLY
MODEL				MAST	MAST	TAIL ROTOR
YEAR OF MANUFACTURE					TRANSMISSION	DRIVESHAFT
HORSEPOWER				TAIL ROTOR GEARBOX	TAIL ROTOR HUB ASSEMBLY	TAIL ROTOR BLADES
HOURS SINCE NEW				SERVOS	MISCELLANEOUS	
HOURS SINCE MAJOR OVERHAUL						
TIME BETWEEN OVERHAULS (TBO)				_		
HOURS SINCE MIDLIFE				_		
DATE OF MAJOR OVERHAUL				_		
DATE OF LANDING GEAR OVERHAUL						
Engine Maintenance Servi Name of Program: For Homebuilt, Kit, or Expi	ERIMENTAL AIRCR					_
SECTION II: COMPLETE IF FIR NAME AND ADDRESS OF OWNER				HE LAST CALEN	IDAR YEAR	
NAME		AD	DRESS			
CITY			s		COUNTY	-
F AIRCRAFT WAS SOLD, ATTACH						
F SOLD OR DONATED: DATE OF						
		\$				
NEW OWNER NAME		AD	DRESS			
				TATE ZIP CODE		
			3		COONT	
F: MOVED JUNKED			NDONED			
DATE NEW LOCATIO					COUNTY	
EXPLANATION						
AIRCRAFT NOT HABITUALLY BA <mark>S</mark> I						
AIRPORT/FBO WHERE NORMALLY	KEPT		-		HANGAR/TIE-DOW	/N NO.
СІТҮ			S	TATE ZIP CODE	COUNTY	
CHECK REASON AIRCRAFT IS OR	WAS IN THIS COUNT	Y: 🔄 REPAIRS	FOR SALE	IN TRANSIT TO:		
				OTHER:		
ATTACH STATEMENT RE						YOUR AIRCRAFT.
OWNERSHIP TYPE (☑)	IF OWNERSHIP	TYPE IS LLC, P		A LIST OF MEM		
	te: The following o	declaration mu		ION BY ASSES d and signed. If y	oo⊏⊑ rou do not do so, it may	/ result in penalties.
		r penalty of perj	iury under the la	aws of the State of	of California that I have	examined this property
Partnership / <i>I certify</i>		nonvina cchodi	iles, statements			
Partnership I certify corporation stateme	ent, including accom			required to be	reported which is owne	a claimea nossessea
Partnership I certify Corporation I is true, Other Control	ent, including accom correct, and comp ed, or managed by	blete and includ	les all property		reported which is owne nt at 12:01 a.m. on Janua	
Partnership I certify Corporation I is true, Other Control	ent, including accom correct, and comp ed, or managed by	blete and includ	les all property			
Partnership Corporation Other Controll	ent, including accorr correct, and comp ed, or managed by IZED AGENT*	blete and includ	les all property		nt at 12:01 a.m. on Janua  DATE	
Partnership Corporation Other SIGNATURE OF ASSESSEE OR AUTHOR	ent, including accorr correct, and comp ed, or managed by IZED AGENT*	blete and includ	les all property		nt at 12:01 a.m. on Janua	
Partnership Corporation Other SIGNATURE OF ASSESSEE OR AUTHOR NAME OF ASSESSEE OR AUTHORIZED /	ent, including accom correct, and comp ed, or managed by i IZED AGENT* AGENT* (typed or printed)	blete and includ	les all property		nt at 12:01 a.m. on Janua DATE TITLE	ary 1, 20 <u></u> .
Partnership Corporation Other SIGNATURE OF ASSESSEE OR AUTHOR NAME OF ASSESSEE OR AUTHORIZED /	ent, including accom correct, and comp ed, or managed by i IZED AGENT* AGENT* (typed or printed)	blete and includ	les all property		nt at 12:01 a.m. on Janua  DATE	ary 1, 20 <u></u> .
Partnership I certify   Corporation is true,   Other controll   SIGNATURE OF ASSESSEE OR AUTHOR   NAME OF ASSESSEE OR AUTHORIZED /   NAME OF LEGAL ENTITY (other than DBA)	ent, including accom correct, and comp ed, or managed by i IZED AGENT* AGENT* (typed or printed) ) (typed or printed)	blete and includ	des all property	ee in this statemer	nt at 12:01 a.m. on Janua DATE TITLE FEDERAL EMPLOYER ID NUM	ary 1, 20 <u></u> .
Partnership Corporation	ent, including accom correct, and comp ed, or managed by i IZED AGENT* AGENT* (typed or printed) ) (typed or printed)	blete and includ	les all property	ee in this statemer	nt at 12:01 a.m. on Janua DATE TITLE	ary 1, 20 <u></u> .

# THIS STATEMENT IS SUBJECT TO AUDIT



# **OFFICIAL REQUEST**

Pursuant to California Revenue and Taxation Code section 5362, the Assessor of the county in which an aircraft is habitually situated shall assess the aircraft at its market value. The Assessor's records indicate that you are the owner of the aircraft identified on page 1 of this form. In accordance with section 5365, you are required to complete this form according to the instructions. Pursuant to section 5367, failure to return this form by the specified due date will require the Assessor to add a 10% penalty to the market value of your aircraft.

This statement is not a public document. In accordance with Revenue and Taxation Code section 451, the information contained herein will be held secret by the Assessor. It can only be disclosed to the district attorney, grand jury, and other agencies specified in section 408. Attached schedules are considered to be part of the statement.

## **GENERAL INSTRUCTIONS**

### ALL INFORMATION PROVIDED SHOULD BE AS OF JANUARY 1.

#### SECTION I.

This section must be completed annually. Specific information is required to correctly determine the value of the aircraft

STATEMENT OF CONDITION: Using the information below, check the box that reflects the condition of your aircraft as of January 1:

**New:** An aircraft that is new or is maintained in new condition.

**Good:** Paint and airframe are in near new condition. Minor scratches. Windows clear with no crazing or discoloration. Interior is in near new condition. Simple cleaning removes any smell, dirt or matting.

Average: Paint is generally sound and attractive. Slight oxidation can be easily polished out leaving paint shiny. Small scratches, chips or dents can be found especially in high use areas. Windows have milky edges, some crazing or light scratches. The interior use shows minor fraying, stains, or cracking. Cleaning and shampooing will make the interior look attractive. Aircraft certificate is current, 6 months annual, ½ TBO (Time Between Overhauls), ADs (Air Worthiness Directives) complied.

**Poor:** Paint is badly oxidized, peeled and blemished. Most leading edges and upper surfaces are chipped, crazed, dented, and oxidized. All windows crazed and scratched. After touch-up and polishing, aircraft still looks unsightly. Needs new paint. Interior shows high use, scratches, tear, snags, frayed fabric, exposed foam, peeling laminates, and loose panels. Interior looks and smells dirty after cleaning and needs replacement. Aircraft has not flown, is out of annual, engine is run out and will not pass inspection, ADs not complied.

AVIONICS SUMMARY: Indicate the date of acquisition and the condition of existing avionics equipment. List any additional avionics and their cost under "Non-factory avionics added in last calendar year." For condition, please enter N for new, A for average, and P for poor.

DAMAGE HISTORY: To report damage history, attach a statement indicating the type of damage, date of damage, copy of report made to FAA, and maintenance log and repairs made.

### EQUIPMENT LEASED, EXCHANGED, ADDED OR RETIRED:

Leased: If you lease equipment in connection with this aircraft's operation, attach a schedule listing the name and address of the owner, description of the leased property, cost if purchased, and annual rent.

Exchanged: Attach a schedule listing any exchange of equipment since purchase.

Additions or Retirements: From date of acquisition of aircraft to last day in December of last year if you have added or retired equipment, attach a schedule listing the description of the equipment, date added or retired, and the cost of equipment added or retired.

FRACTIONAL OWNERSHIP: If the aircraft is enrolled in a Fractional Ownership Program, forms BOE-570-FO (-1, -2) must be filed.

#### SECTION II.

This section must be completed if filing for the first time or if there have been any changes within the last calendar year.

ADDITIONAL INFORMATION: Attach a statement regarding any additional information you feel would assist the Assessor in valuing your aircraft.

#### DECLARATION BY ASSESSEE

The law requires that this property statement, regardless of where it is executed, shall be declared to be true under penalty of perjury under the laws of the State of California. The declaration must be signed by the assessee, a duly appointed fiduciary, or a person authorized to sign on behalf of the assessee. In the case of a corporation, the declaration must be signed by an officer or by an employee or agent who has been designated in writing by the board of directors, by name or by title, to sign the declaration on behalf of the corporation. In the case of a partnership, the declaration must be signed by a partner or an authorized employee or agent. In the case of a Limited Liability Company (LLC), the declaration must be signed by an employee or agent where there is no manager, or by an employee or agent designated by the LLC manager or by the members to sign on behalf of the LLC.

When signed by an employee or agent, other than a member of the bar, a certified public accountant, a public accountant, an enrolled agent or a duly appointed fiduciary, the assessee's written authorization of the employee or agent to sign the declaration on behalf of the assessee must be filed with the Assessor. The Assessor may at any time require a person who signs a property statement and who is required to have written authorization to provide proof of authorization.

A property statement that is not signed and executed in accordance with the foregoing instructions is not validly filed. The penalty imposed by section 463 of the Revenue and Taxation Code for failure to file is applicable to unsigned property statements.

#### **EXEMPTIONS**

Armed Forces Members. If you are not a resident of the State of California, but are in this state solely by the reason of compliance with military orders, you may declare tax situs elsewhere by filing Form BOE-261-D, Servicemembers Civil Relief Act Declaration. Obtain the declaration form from the Assessor or from your unit Legal Officer.

**Aircraft of Historical Significance.** If you are an individual owner who does not hold the aircraft primarily for purposes of sale, does not use the aircraft for commercial purposes or general transportation, the aircraft is 35 years or older and is displayed to the public at least 12 days per year, obtain Form BOE-260-B from the Assessor. The exemption claim must be filed on or before February 15 for a full exemption and by August 1 for a partial exemption.

