



**AE-3**  
State Form 54086  
(R5 / 7-21)

Indiana Department of Revenue  
**Annual Report of Exempt Aircraft Used in Public Transportation**

Required by IC 6-2.5-5-8(h)

**Mail To:** Indiana Department of Revenue  
Special Tax – Aeronautics  
P.O. Box 644  
Indianapolis, IN 46206-0644  
Telephone (317) 615-2710  
Fax (317) 615-2691

Due annually 30 days after the end of the month in which  
the aircraft was originally placed in service for leasing.

|              |                        |              |
|--------------|------------------------|--------------|
| FAA N Number | Aircraft Serial Number | Base Airport |
|--------------|------------------------|--------------|

**Registered Owner of Aircraft**

|                |  |                  |
|----------------|--|------------------|
| Name           | Federal ID Number / Indiana Taxpayer ID Number | Telephone Number |
| Street Address | City   | State            |
|                |  | ZIP Code         |

**A copy of the your FAA 135 Certification, operating specifications, federal excise due and proof of payment are required documentation and must be submitted with the report or the exemption may be denied resulting in sales/use tax due on the purchase price.**

**Aircraft Leased to:**

|                |  |
|----------------|--|
| Name           | Federal ID Number / Indiana Taxpayer ID Number |
| Street Address | Telephone Number                               |
| City           | State  |
|                | ZIP Code                                       |

| Date of Use | Total Hours Flown | Type of Flight Part 135 or Part 91                                 | Amount of Federal Excise Tax Collected & Remitted |
|-------------|-------------------|--|---|
|             |                   | <input type="checkbox"/> Part 135 <input type="checkbox"/> Part 91 | \$  |
|             |                   | <input type="checkbox"/> Part 135 <input type="checkbox"/> Part 91 | \$  |
|             |                   | <input type="checkbox"/> Part 135 <input type="checkbox"/> Part 91 | \$  |
|             |                   | <input type="checkbox"/> Part 135 <input type="checkbox"/> Part 91 | \$  |
|             |                   | <input type="checkbox"/> Part 135 <input type="checkbox"/> Part 91 | \$  |
|             |                   | <input type="checkbox"/> Part 135 <input type="checkbox"/> Part 91 | \$  |
|             |                   | <input type="checkbox"/> Part 135 <input type="checkbox"/> Part 91 | \$  |

|                   |                           |                            |   |
|-------------------|---------------------------|----------------------------|---|
| Total Hours Flown | Total Hours Flown Part 91 | Total Hours Flown Part 135 | Percentage of Public Transportation Use |
|                   |                           |                            | %                                       |

**I certify under the penalties of perjury that all of this information is true and correct to the best of my knowledge.**

|                                   |       |
|-----------------------------------|-------|
| Signature of Authorized Person    | Date  |
| Printed Name of Authorized Person | Title |