

Signature of Authorized Person

Printed Name of Authorized Person

Indiana Department of Revenue Annual Report of Exempt Aircraft Usage

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

Mail To: Indiana Department of Revenue Special Tax – Aeronautics P.O. Box 644 Indianapolis, IN 46206-0644 Telephone (317) 615-2544 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.

	I						I
			Manufacture Year				Base Airport
			1			ner of Aircraft	Registered Owne
Federal ID Number / Indiana Taxpayer ID Number			Name				
Telephone Number			Street Address				
	State ZIP Code		City				
						ircraft Leased to:	Organization Aire
Number / Indiana Taxpayer ID Number			Federal ID Number	Name			
ber			Telephone Numbe	Street Address			
		ZIP Code	State				City
s Tax Remitted	Total Sales	ental Revenue	Total Lease / R	ours Flown Per Month	Total Ho	/Year of Use	Month/Y
	\$		\$			anuary/	Jar
	\$		\$			ebruary/	Feb
	\$		\$			March/	Ma
	\$		\$			April/	А
	\$	\$			May/		
	\$	\$			June/		
	\$					July/	J
	\$		\$			August/	Au
	\$	\$				ptember/	Sept
	\$	\$				October/	Oct
	\$	\$				ovember/	Nove
	\$		\$			ecember/	Dece
Annual Hours of Use by Owners		Hours	Annual Lease / Rental H	Annual Hours Flown			
ners	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Annual Hou	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Annual Lease / Rental F		March/ April/ May/ June/ July/ August/ ptember/ October/ ovember/	Ma A N Ju Ju Sept Oct Nove

Title

Date