

## GENERAL INSTRUCTION SHEET

1. This report must be completed in proper form (typed or legibly printed), and must be **filed with the Comptroller of the Treasury on or before April 1, 2007. A copy should be retained in your files for future reference.**
  
2. **ROUND ALL DOLLAR FIGURES TO WHOLE DOLLARS!**
  
3. **NO SHEET OR SECTION SHOULD BE LEFT BLANK.** If a sheet or section does not apply to your company, indicate by placing the words “**inapplicable**” or “**none**”. **INCOMPLETE REPORTS WILL BE RETURNED!**
  
4. **FAILURE** to file a complete report will result in a **FORCED ASSESSMENT**. Tennessee Code Annotated, Section 67-5-1317 states:
 

“The Owner of any such property refusing or failing to file such schedules and statements shall be deemed to have waived the mode and manner of ascertaining the value of such property, and of the distribution or allocation by the Comptroller of the Treasury of such valuation or assessment to the various counties and municipalities of the State of Tennessee for the purposes of county and municipal taxation, and shall not be permitted to be heard in opposition to the valuation fixed upon said property by the Comptroller of the Treasury, nor in opposition to the distribution or allocation of same by the Comptroller of the Treasury to the various counties and municipalities for the purposes aforesaid; and may, at the discretion of the Comptroller of the Treasury, in addition, be liable to a penalty of one hundred dollars (\$100) for each and every day which such owner is delinquent in filing said statement or schedule.”
  
5. Supplemental information or schedules relating to full cash value of the respondent’s property can be submitted with this report for consideration in determination of value.
  
6. A company **Balance Sheet** and **Statement of Operation** must be filed in addition to the enclosed schedules.
  
7. AF – 1: Provide the Comptroller of the Treasury with necessary information pertaining to the company’s organization and capital structure.  
 AF – 2: Provide aircraft cost of owned aircraft.  
 AF – 3: Provide aircraft cost of leased aircraft.  
 AF – 4: Provide a complete inventory of all aircraft both owned and leased.  
 AF – 5: Utilizing AF – 2, AF – 3, and AF – 4 complete the Aircraft Costs and Scheduled Depreciated Value. Additionally, provide your estimate of cash value in the column provided.  
 AF – 6: Complete one apportionment page for each type aircraft flown into Tennessee. Add any additional airports as necessary.  
 AF – 7: Complete one page for each airport and/or city location where personal property is located.
  
8. AF – 10 requires a listing of all purchases and sales of Tennessee real property occurring during the year 2006.

**GENERAL INSTRUCTION SHEET**  
**(continued)**

9. AF – 11 requires a listing of all real property under construction. This listing will include all real property currently under construction or construction expected to be completed by September 1 of this year. Be sure to include the county and city where located, map reference and property owner, description of improvement, and the construction cost.
10. **IT IS IMPERATIVE THAT THE REPORT BE SIGNED. IF NOT, THE REPORT WILL BE RETURNED.**
11. **Any additional information, schedules, etc., provided by your company must be submitted on LETTER SIZE PAPER (8.5" x 11").**

**\*\*\*SPECIAL INFORMATION REQUEST\*\*\***

12. In an effort to assure property accountability compliance, please provide the Office of State Assessed Properties with documentation supporting entries on the Ad Valorem Tax Report for the following: **Scheduled Ground Hours, Revenue Ton Miles, and Revenue Tons Handled both in Tennessee and in the System.** In other words, show how the numbers are derived.

**\*Definitions**

**HISTORICAL COST OF AIRCRAFT** – total cumulative cost of an airplane equipped for revenue flight. Total cumulative cost must be derived from original books, papers, and records of respondent.

**SCHEDULED GROUND HOURS** – allotted time given by an airline between flight operations to load and unload passengers or cargo.

**GROSS REVENUES** – total sales for transporting passengers or cargo.

**PASSENGER MILES** – one passenger of revenue traffic transported one mile.

**FLIGHT HOURS** – amount of time each type and model of aircraft flew in a specified jurisdiction.

**ACTUAL GROUND HOURS** – all time on the ground at an airport facility in which aircraft is temporarily between flight operations to load or unload passengers, cargo and crew or to receive service and repairs.

**REVENUE TON MILES** – sum of all miles and tons (passenger, freight, express and mail) transported of all scheduled and non-scheduled traffic.

**REVENUE TONS HANDLED** – product of either passenger tons or freight, express and mail tons received and discharged as originating and terminating revenue traffic.

**ARRIVALS AND DEPARTURES** – sum of all scheduled and nonscheduled flights landing and taking-off in Tennessee.

**TOTAL HOURS** – in a given state will include hours aloft and all hours aground.



# STATE OF TENNESSEE

## 2007

### AD VALOREM TAX REPORT



COMPANY NAME \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 (PRINCIPLE OFFICE INFORMATION)

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 (PRINCIPLE OFFICE INFORMATION IN TENNESSEE)

PHONE NUMBER ( ) \_\_\_\_\_ FAX NUMBER ( ) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

MAIL TO:

#### COMPTROLLER OF THE TREASURY OFFICE OF STATE ASSESSED PROPERTIES

James K. Polk State Office Building  
 505 Deaderick Street, Suite 1700  
 Nashville, Tennessee 37243-0281  
 (615) 401-7900 FAX (615) 532-8666

[osap.osap@state.tn.us](mailto:osap.osap@state.tn.us)



1. Company Name \_\_\_\_\_

2. Principal Office Location \_\_\_\_\_  
Number & Street  
\_\_\_\_\_  
City State Zip

3. Is Company \_\_\_ **INDIVIDUAL?** \_\_\_ **PARTNERSHIP?** \_\_\_ **CORPORATION?** \_\_\_ **OTHER?**

4. If a **CORPORATION** or **OTHER** similar enterprise, supply the following information:

Under laws of what state organized \_\_\_\_\_ Date organized \_\_\_\_\_

List names and addresses of:

**PRESIDENT:** \_\_\_\_\_  
Name Number & Street City State Zip

**SECRETARY:** \_\_\_\_\_  
Name Number & Street City State Zip

**TREASURER:** \_\_\_\_\_  
Name Number & Street City State Zip

5. State principal nature of business: \_\_\_\_\_  
\_\_\_\_\_

6. Special questions regarding this report should be directed to:

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Number & Street  
\_\_\_\_\_  
City State Zip

PHONE NUMBER: ( ) \_\_\_\_\_

FAX NUMBER: ( ) \_\_\_\_\_







**AIRCRAFT FLEET IMPAIRMENTS**

Please indicate any asset impairments allowed by FASB No. 144 as reported in the annual 10-K Report for aircraft fleets.

**OWNED/CAPITAL LEASE:** Please attach a detailed listing of all impairment amounts included in your 10-K Report. The reported total impairment amount should reconcile to the amount per your 10-K Report.

List all asset impairments related to aircraft types, hulls and engines and rotables. No asset impairment amounts will be allowed unless noted in your company’s annual 10-K Report. Please provide all 10-K pages relevant to the impairment amounts.

**DO NOT SEND THE ENTIRE 10-K REPORT!**

<b>FLEET TYPE</b>	<b>NUMBER OF AIRCRAFT</b>	<b>ORIGINAL COST OF FLEET</b>	<b>AIRCRAFT IMPAIRMENT AMOUNTS</b>	<b>ENGINE &amp; ROTABLE IMPAIRMENT AMOUNTS</b>	<b>VALUE OF FLEET TYPE AS OF 1/1/2006</b>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
<b>TOTAL</b>	=====	=====	=====	=====	=====

**OPERATING LEASE:** Please attach the same information listed above from the lessors’ 10-K Report. Please provide all lessors’ 10-K pages relevant to the impairment amounts.

**DO NOT SEND THE ENTIRE 10-K REPORT!**

<b>FLEET TYPE</b>	<b>NUMBER OF AIRCRAFT</b>	<b>ORIGINAL COST OF FLEET</b>	<b>AIRCRAFT IMPAIRMENT AMOUNTS</b>	<b>ENGINE &amp; ROTABLE IMPAIRMENT AMOUNTS</b>	<b>VALUE OF FLEET TYPE AS OF 1/1/2006</b>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
<b>TOTAL</b>	=====	=====	=====	=====	=====

**ASSET IMPAIRMENT ADJUSTMENTS FOR FUTURE AD VALOREM REPORTS**

All impaired aircraft should be reported on AF-5 or AF-5A. The original cost will become the impaired value of the aircraft involved in the write-down. The year the write-down occurred will now become the year of acquisition and subsequent depreciation of impaired aircraft will start from this point. For additional information or questions concerning asset impairments please contact Shannon Tucker @ (615) 401-7969.

**AIRCRAFT COSTS AND FULL CASH VALUE  
OUT OF PRODUCTION AIRCRAFT**

Type of Aircraft \_\_\_\_\_

Year End: **DECEMBER 31, 2006**

<b>Year of Acquisition</b>	<b>Number Of Aircraft</b>	<b>Historical Cost</b>	<b>Percent Good</b>	<b>Schedule Depreciated Value</b>	<b>Company Estimated Cash Value</b>
2006	_____	\$ _____	93.3%	\$ _____	\$ _____
2005	_____	_____	86.7%	_____	_____
2004	_____	_____	80.0%	_____	_____
2003	_____	_____	73.3%	_____	_____
2002	_____	_____	66.7%	_____	_____
2001	_____	_____	60.0%	_____	_____
2000	_____	_____	53.3%	_____	_____
1999	_____	_____	46.7%	_____	_____
1998	_____	_____	40.0%	_____	_____
1997	_____	_____	33.3%	_____	_____
1996	_____	_____	26.7%	_____	_____
Prior	_____	_____	20.0%	_____	_____
<b>TOTALS</b>	_____	\$ _____		\$ _____	\$ _____

**ALLOCATION**

	<b>Tennessee</b>	<b>System</b>	<b>Weighted</b>	<b>Percent In Tennessee</b>
1. Scheduled Ground Hours	_____	_____	33.3333%	_____
2. Revenue Ton Miles	_____	_____	33.3333%	_____
3. Revenue Tons Handled	_____	_____	33.3333%	_____
		Full Cash Value	X	Weighted Percent
	<b>TENNESSEE ALLOCATED VALUE</b>			\$ _____
	<b>ASSESSMENT PERCENTAGE</b>		X	30.0000%
	<b>TENNESSEE ASSESSED VALUE</b>			\$ _____

**AIRCRAFT COSTS AND FULL CASH VALUE  
IN PRODUCTION AIRCRAFT**

Type of Aircraft \_\_\_\_\_

Year End: **DECEMBER 31, 2006**

<b>Year of Acquisition</b>	<b>Number Of Aircraft</b>	<b>Historical Cost</b>	<b>Percent Good</b>	<b>Schedule Depreciated Value</b>	<b>Company Estimated Cash Value</b>
2006	_____	\$ _____	95.0%	\$ _____	\$ _____
2005	_____	_____	90.0%	_____	_____
2004	_____	_____	85.0%	_____	_____
2003	_____	_____	80.0%	_____	_____
2002	_____	_____	75.0%	_____	_____
2001	_____	_____	70.0%	_____	_____
2000	_____	_____	65.0%	_____	_____
1999	_____	_____	60.0%	_____	_____
1998	_____	_____	55.0%	_____	_____
1997	_____	_____	50.0%	_____	_____
1996	_____	_____	45.0%	_____	_____
1995	_____	_____	40.0%	_____	_____
1994	_____	_____	35.0%	_____	_____
1993	_____	_____	30.0%	_____	_____
Prior	_____	_____	25.0%	_____	_____
<b>TOTALS</b>	_____	\$ _____		\$ _____	\$ _____

**ALLOCATION**

	<b>Tennessee</b>	<b>System</b>	<b>Weighted</b>	<b>Percent In Tennessee</b>
1. Scheduled Ground Hours	_____	_____	33.3333%	_____
2. Revenue Ton Miles	_____	_____	33.3333%	_____
3. Revenue Tons Handled	_____	_____	33.3333%	_____
		Full Cash Value	X	Weighted Percent
	<b>TENNESSEE ALLOCATED VALUE</b>			\$ _____
	<b>ASSESSMENT PERCENTAGE</b>		X	30.0000%
	<b>TENNESSEE ASSESSED VALUE</b>			\$ _____

**APPORTIONMENT OF TAX VALUES WITHIN TENNESSEE**

Type of Aircraft: \_\_\_\_\_

<b>Tax Entity</b>	<b>Arrivals/Departures Entity</b>	<b>Percent of Total</b>	<b>Scheduled Ground Hours</b>	<b>Percent of Total</b>	<b>For Office Use Only</b>
Chattanooga (Hamilton Co.)	_____	_____	_____	_____	\$ _____
Clarksville (Montgomery Co.)	_____	_____	_____	_____	_____
Dyersburg (Dyer Co.)	_____	_____	_____	_____	_____
Greeneville (Greene Co.)	_____	_____	_____	_____	_____
Jackson (Madison Co.)	_____	_____	_____	_____	_____
Knoxville (Blount Co.)	_____	_____	_____	_____	_____
Memphis (Shelby Co.)	_____	_____	_____	_____	_____
Nashville (Davidson Co.)	_____	_____	_____	_____	_____
Shelbyville (Bedford Co.)	_____	_____	_____	_____	_____
Smyrna (Rutherford Co.)	_____	_____	_____	_____	_____
Tri-City (Sullivan Co.)	_____	_____	_____	_____	_____
Other **	_____	_____	_____	_____	_____
<b>TOTALS</b>	_____	_____	_____	_____	_____

**TOTAL ASSESSED VALUE  
ALLOCATED TO TENNESSEE**

\$ \_\_\_\_\_

\*Total should be the same as #1 on AF – 5

\*\*List other county

**PERSONAL PROPERTY**

List the total personal property owned, used, or leased that is located in the various cities and counties in Tennessee. One sheet should be completed for each airport and/or city location. Any construction work in progress (CWIP) may be reported separately. Any property which will be classified upon completion as personal may be reported at 15% of cost. Any property which will be classified upon completion as real is to be reported at 100% of cost.

**AIRPORT and/or CITY LOCATION:** \_\_\_\_\_

<b>Description of Property</b>	<b>*Cost</b>	<b>Company's Estimated Cash Value January 1, 2007</b>
Food Service Equipment	\$ _____	\$ _____
Ramp Equipment	_____	_____
Maintenance & Engineering Equipment	_____	_____
Comm. & Meteorological Equipment	_____	_____
Surface Transportation – Vehicles & Equipment	_____	_____
Furniture, Fixtures & Office Equipment	_____	_____
Storage & Distribution Equipment	_____	_____
Miscellaneous Ground Equipment	_____	_____
Spare Parts	_____	_____
Computer Equipment	_____	_____
Other Equipment	_____	_____
<hr/>		
<b><u>Construction Work in Progress</u></b>		
Personal @ 15%	_____	_____
Real @ 100%	_____	_____
Leased Property: (From Others)	_____	_____
<hr/>		
<hr/>		
<b><u>TOTAL</u></b>	<b><u>\$ _____</u></b>	<b><u>\$ _____</u></b>

\*Gross Cost Before Depreciation

FOR OFFICE USE ONLY





**PURCHASES AND SALES OF TENNESSEE PROPERTY**

List all purchases and sales of Tennessee real property (including Telecommunications Towers) that occurred during the year 2006. Give all applicable information for each transaction separately. (You may copy pages as needed) **Please attach a copy of the warranty deed or sales contract.**

**PURCHASES**

**Date of Purchase:** \_\_\_\_\_

**County/City:** \_\_\_\_\_

**Assessor's Tax Map & Parcel Number:** \_\_\_\_\_

**Purchase Price:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_  
Number & Street

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

**Description of Property:** \_\_\_\_\_

**Grantor (seller):** \_\_\_\_\_

**Type of Improvement:** \_\_\_\_\_

**SALES**

**Date of Sale:** \_\_\_\_\_

**County/City:** \_\_\_\_\_

**Assessor's Tax Map & Parcel Number:** \_\_\_\_\_

**Sale Price:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_  
Number & Street

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

**Description of Property:** \_\_\_\_\_

**Grantee (buyer):** \_\_\_\_\_

**Type of Improvement:** \_\_\_\_\_



DATE: \_\_\_\_\_

I, \_\_\_\_\_, being the OWNER, PRESIDENT, SECRETARY, AND /OR PARTNER OF \_\_\_\_\_, do hereby swear and affirm that the foregoing Ad Valorem Tax Report for the year two thousand seven has been prepared from only the original books, papers, and records of said respondent under my direction in accordance with Tennessee Code Annotated, §67-5-1316, and is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
OFFICIAL CAPACITY