

## 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, 2020. 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.” Failure to file a tax report could result in an audit under T.C.A. 67-5-1320.

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. Report all off balance sheet equipment owned, leased or used and liabilities for your company.
7. AF – 1: Provide the Comptroller of the Treasury with necessary information pertaining to the company’s organization and capital structure.  
 AF – 2: Provide a complete inventory of all aircraft both owned and leased. **Additionally, please provide a non-redacted Form 41, Schedule B-43 – Inventory of Airframes and Aircraft Engines – that is filed with the Department of Transportation.**  
 AF – 3: Utilizing AF–3, complete the Aircraft Costs and Scheduled Depreciated Value. Additionally, provide your estimate of cash value in the column provided. **\*\*\*\*\*NEW\*\*\*\*\*** submit **FULL UNDISCOUNTED AVITAS VALUE** in the box provided on AF-3. Please prepare a spreadsheet by year of manufacture detailing the full undisclosed Avitas value of each aircraft type flown in Tennessee.  
 AF – 4. Complete one apportionment page for each type aircraft flown into Tennessee. Add any additional airports as necessary.  
 AF – 5: Complete one page for each airport and/or city location where personal property is located  
 AF – 6: List all aircraft sold or purchased by your company during the past year.  
 AF – 7: List of all rotables, repairables, and/or Engines sold by your company during the past year.  
 AF – 8: Provide a list of all purchases and sales of Tennessee Real Property that occurred in 2019.

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

AF – 9: requires a listing of all properties receiving tax incentives such as Pilot Agreements (PILOT) or property leased from an Industrial Development Board (IDB). Report each separate agreement subject to these incentives by populating each column with the pertinent data.

AF – 10: 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.

8. **IT IS IMPERATIVE THAT THE REPORT BE SIGNED. IF NOT, THE REPORT WILL BE RETURNED.**

9. **Any additional information, schedules, etc., provided by your company must be submitted on LETTER SIZE PAPER (8.5" x 11").**

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

10. 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, Revenue Tons Handled and Arrival and Departures both in Tennessee and in the System.** In other words, show how the numbers are derived.

**\*DEFINITIONS:**

**AQUISITION 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** – The total number of aircraft takeoffs & landings made in scheduled and non-scheduled service.

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

**MARKET VALUE** – The value of all property shall be ascertained from the evidence of its sound intrinsic and immediate value, for the purposes of sale between a willing seller and willing buyer without consideration of speculative values.



# STATE OF TENNESSEE

## 2020

### AD VALOREM TAX REPORT



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

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

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

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

COMPANY WEB SITE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

Visit our website at:  
[www.comptroller.tn.gov/sap](http://www.comptroller.tn.gov/sap)

MAIL REPORT TO:

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

**Cordell Hull Building  
 425 Fifth Avenue North  
 Nashville, TN 37243-3400  
 (615) 741-0140 FAX (615) 741-0142**

**\*\*This report must be filed with this office by April 1, 2020\*\***

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: ( ) \_\_\_\_\_

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

**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 1/1/2020</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 1/1/2020</b>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
<b>TOTAL</b>	=====	=====	=====	=====	=====

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

All impaired aircraft should be reported on AF-3. 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 Lurita Clay at (615) 741-0148 or Lurita.Clay@cot.tn.gov.

**AIRCRAFT COSTS AND FULL CASH VALUE**

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

Year End: **DECEMBER 31, 2019**

Year of Acquisition	Number Of Aircraft	Acquisition Cost	Percent Good	Schedule Depreciated Value	Company Estimated Market Value
2019	_____	\$ _____	97%	\$ _____	\$ _____
2018	_____	_____	94%	_____	_____
2017	_____	_____	91%	_____	_____
2016	_____	_____	88%	_____	_____
2015	_____	_____	85%	_____	_____
2014	_____	_____	82%	_____	_____
2013	_____	_____	79%	_____	_____
2012	_____	_____	76%	_____	_____
2011	_____	_____	73%	_____	_____
2010	_____	_____	70%	_____	_____
2009	_____	_____	67%	_____	_____
2008	_____	_____	64%	_____	_____
2007	_____	_____	61%	_____	_____
2006	_____	_____	58%	_____	_____
2005	_____	_____	55%	_____	_____
2004	_____	_____	52%	_____	_____
2003	_____	_____	49%	_____	_____
2002	_____	_____	46%	_____	_____
2001	_____	_____	43%	_____	_____
2000	_____	_____	40%	_____	_____
1999	_____	_____	37%	_____	_____
1998	_____	_____	34%	_____	_____
1997	_____	_____	31%	_____	_____
1996	_____	_____	28%	_____	_____
PRIOR	_____	_____	24%	_____	_____
<b>TOTALS</b>	_____	\$ _____		\$ _____	\$ _____

TOTAL UNDISCOUNTED AVITAS FLEET VALUE:	\$ _____
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**ALLOCATION**

	Tennessee	System
1. Scheduled Ground Hours	_____	_____
2. Revenue Ton Miles	_____	_____
3. Revenue Tons Handled	_____	_____
4. Arrivals & Departures	_____	_____

**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 – 3

\*\*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, 2020</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		
Rotables & Key Repairables		
Consumables	100%	
Spare Engines		
Computer Equipment		
Other Equipment		
Fuel	100%	
<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>\$</b>	<b>\$</b>

\*Gross Cost Before Depreciation







**PURCHASES AND SALES OF TENNESSEE PROPERTY**

List all purchases and sales of Tennessee **real property** (including Telecommunications Towers) that occurred during the year 2019. 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:** \_\_\_\_\_





# OUT OF BUSINESS

IF COMPANY HAS GONE OUT OF BUSINESS  
THIS FORM MUST BE PROPERLY FILLED OUT, SIGNED, NOTARIZED AND RETURNED TO:  
COMPTROLLER OF THE TREASURY  
OFFICE OF STATE ASSESSED PROPERTIES  
CORDELL HULL BUILDING  
425 FIFTH AVENUE NORTH  
NASHVILLE, TN 37243-3400

I, \_\_\_\_\_, on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ declare that, to the best of my knowledge and belief, the information herein is true, correct, and complete.

- **Company Name** \_\_\_\_\_
- **Date operation ceased business** \_\_\_\_\_
- **Date of insurance cancellation** \_\_\_\_\_  
(Attach copy of insurance cancellation)
- **Date of cancellation (US DOT Number)** \_\_\_\_\_
- **Date of cancellation (FMCSA)** \_\_\_\_\_  
(You can log onto their website using their Pin# and cancel online or call (615)781-5781)
- **Date of cancellation (MC Number)** \_\_\_\_\_  
(If FMCSA is not notified by the insurance company when the insurance is terminated, the company will still appear as active in SAFER. Please ensure Motor Carrier Authority cancellation, or your company *will still* be assessed by the Office of State Assessed Properties)
- **How and when were assets disposed** \_\_\_\_\_  
(If sold, name and address of buyer)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## NOTARY ACKNOWLEDGEMENT

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
COMPANY OFFICIAL SIGNATURE

\_\_\_\_\_  
DATE

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
NOTARY

NOTARY SEAL

\_\_\_\_\_  
COMMISSION EXPIRES

**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 twenty  
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**