

20____
ANNUAL REPORT
To the State of Mississippi for the
ASSESSMENT OF AIRLINE COMPANY AIRCRAFT
For the Year Ending December 31, 20____

Name of Company: _____
 Name / Title: _____ / _____
 Address: _____
 Phone/Fax Numbers: _____ / _____
 E-mail Address: _____

Submit Via Email To:
pscreports@dor.ms.gov

FLIGHT PROPERTY SCHEDULE			
Item No.	Number and Type of Aircraft	Aircraft Cost (as flown)	Present Estimated Market Value

ALLOCATION OF TAX VALUES TO MISSISSIPPI									
Item No.	Tax Value for Allocation	Hours Scheduled Ground Time Previous Year			Total Aircraft Mileage Previous Year			Average Ratio	Tax Value to Mississippi
		System Total	Mississippi		System Total	Mississippi			
			Total	Ratio		Total	Ratio		

ALLOCATION OF TAX VALUES WITHIN MISSISSIPPI						
Item No.	Tax Value to Mississippi	Taxing Entity or Jurisdiction	Arrivals & Departures Mississippi	Tax Entity	% of Total	Tax Value to Entity

AFFIDAVIT

CITY OF _____ **COUNTY OF** _____ **STATE OF** _____

I, _____, solemnly swear that I am the _____ of the _____ and that the foregoing report is a full, true and complete statement of the facts therein set forth in accordance with the requirements of the law.

Sworn to and subscribed before me, this the _____ day of _____, 20____.

 (Official Title)

 (Affiant)

My Commission Expires _____, 20____.