

**2022**  
**TANGIBLE PERSONAL**  
**PROPERTY TAX RETURN**

**Property Assessed January 1, 2022**

See pages 11 and 12 for a complete list of mailing addresses.

*Forms filed on or before due date:*  
*File the return with the PVA in the county of taxable situs.*

| FOR OFFICIAL USE ONLY |                |
|-----------------------|----------------|
| County Code           | Locator Number |
| T                     | /              |

**Due Date:**  
**Monday**  
**May 16, 2022**

| MAY 2022 |    |    |    |    |    |    |
|----------|----|----|----|----|----|----|
| S        | M  | T  | W  | T  | F  | S  |
| 1        | 2  | 3  | 4  | 5  | 6  | 7  |
| 8        | 9  | 10 | 11 | 12 | 13 | 14 |
| 15       | 16 | 17 | 18 | 19 | 20 | 21 |
| 22       | 23 | 24 | 25 | 26 | 27 | 28 |
| 29       | 30 | 31 |    |    |    |    |

**16**



**(Aircraft Assessments Only)**

|   |   |   |
|---|---|---|
| Check applicable box and write in<br><input type="checkbox"/> Federal ID No. or<br><input type="checkbox"/> Social Security No.                       | Name of Business<br><br>Name of Taxpayer(s) _____ Telephone Number _____<br>(     )                                     | <b>Organization Type</b><br><input type="checkbox"/> Individual 1<br><input type="checkbox"/> Joint (Co-Owners) 2<br><input type="checkbox"/> Partnership/LLP 3<br><input type="checkbox"/> Domestic Corp./LLC 4<br><input type="checkbox"/> Foreign Corp./LLC 5<br><input type="checkbox"/> Fiduciary—Bank 6<br><input type="checkbox"/> Fiduciary—Other 7 |
| 2nd SSN if joint return   | Mailing Address   |   |
| NAICS CODE  | City or Town _____ State _____ ZIP Code _____   |   |
| Type of Business  | Property Location (Airport Name and Street Address)(Must List) <b>REQUIRED</b>  |   |
| Check if applicable <b>Yes</b><br>Tangible personal property in other KY counties? <input type="checkbox"/><br>Final Return? <input type="checkbox"/> | Property is Located in _____ County _____<br><b>Return cannot be transmitted electronically with income tax return.</b> | <b>For Official Use Only</b><br>District Code _____<br>Type Return _____  |

**NOTE:** List the serial number, federal registration number, make, model, size, power and value of all aircraft owned on January 1. Attach a separate sheet if necessary. Do not list aircraft assessed as public service company property. Include additional information regarding avionics equipment, condition, engine hours and other documentation that may influence the aircraft value. All aircraft owner information submitted on the return is to be listed as it appears on the Federal Aviation Administration registration. The completed return is to be submitted to the property valuation administrator in the county of taxable situs or the Office of Property Valuation on or before May 16, 2022, regardless of the owner's residency. There is no extension for the filing of tangible personal property tax returns. **DO NOT LIST AIRCRAFT FOR HIRE ON THIS RETURN.**

| Line No. | Federal Registration Number and Serial Number | Description (Year, Make, Model, Size, Power) | Taxpayer's Value | Statement of General Condition | For Official Use Only |
|----------|---|--|------------------|--------------------------------|-----------------------|
| 40       |   |  |                  |                                |                       |
| 40       |   |  |                  |                                |                       |
| 40       |   |  |                  |                                |                       |
| 40       |   |  |                  |                                |                       |
| 40       |   |  |                  |                                |                       |

I declare, under the penalties of perjury, that this return (including any accompanying schedules and statements) is a correct and complete return; and that all my taxable property has been listed.

|                       |                           |                                      |   |
|-----------------------|---------------------------|--------------------------------------|---|
| Signature of Taxpayer | Date                      | Name of Preparer Other Than Taxpayer | Date  |
| Telephone Number      | Email Address of Taxpayer | Telephone Number                     | Email Address of Preparer Other Than Taxpayer |

