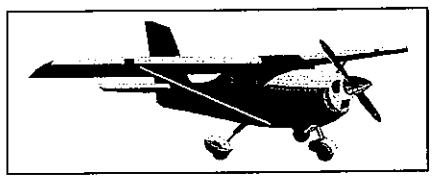
LANCASTER COUNTY AUDITORS OFFICE
CHERYL H. MORGAN, AUDITOR
AIRCRAFT PERSONAL PROPERTY RETURN



TAX YEAR:

OWNER: _____
_____
_____

AIRCRAFT INFO:

PURCHASED DATE:_____ **PURCHASED PRICE $**_____

AIRCRAFT HANGERED AT _____

(A) BUSINESS USE _____**PERCENTAGE**_____**TELEPHONE**_____
(B) PERSONAL USE_____**PERCENTAGE**_____

If any information is incorrect, please note correction below: _____

For Changes Only:

Aircraft Sold/Traded_____
(Enclose copy of Bill of Sale) Date_____

_____
_____
_____

I declare that this return, including any attachments, has been examined by me and to the best of my knowledge is a true and complete return, made in good faith pursuant to the provisions of the Code of Law, 1976 and Amendments.

Preparers Signature_____**Phone#**_____**Date**_____

Taxpayers Signature_____**Phone#**_____**Date**_____

RETURN TO: CHERYL H. MORGAN
LANCASTER COUNTY AUDITOR
P.O. BOX 2016
LANCASTER SC 29721

PHONE: 803-285-7424
FAX # 803-416-9328

This return is in compliance with state law and used by the Auditor only to make an accurate tax assessment. Please complete and return this form by April 30th. If postmark after April 30th, a 10% penalty will be incurred in accordance with S.C. Law Section 12-37-800.