

NEVADA DEPARTMENT OF TAXATION

1550 EAST COLLEGE PARKWAY, SUITE 115
CARSON CITY, NEVADA 89706
PHONE (775) 687-6606, 6607, 6610 FAX (775) 687-5981

CENTRALLY ASSESSED
MAJOR AND REGIONAL AIR CARRIER PROPERTY TAX REPORT
FOR THE PERIOD ENDING DECEMBER 31, 20__
DUE MARCH 31, 20__

COMPANY DATA:

NAME _____
ADDRESS _____
CITY _____
STATE _____ ZIP _____
IF SUBSIDIARY NAME OF PARENT _____

PERSON TO CONTACT CONCERNING REPORT:

NAME _____
TITLE _____
ADDRESS _____
CITY _____
STATE _____ ZIP _____
PHONE _____ FAX _____

All information submitted is subject to audit. A willful false statement or omission will be construed as perjury pursuant to Nevada Revised Statute 361.185.

AFFIDAVIT

I do swear, or affirm, under penalty of perjury the attached data has been prepared under my direction, and together with any accompanying documents the information provided herewith entirely presents all factual data pertaining to any and all operations of the Company or Corporation for the year ending December 31, 20__. I have read and complied with the attached set of instructions

Name and Title of Corporate Officer

Signature of Corporate Officer

Subscribed and sworn to before me this day _____ of _____, 20__.

Signature of Notary

Affix Notary Stamp or Seal