



**Ownership Declaration and Sales and Use Tax Report on Aircraft**

Purchaser's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Florida Sales Tax Number (Registered Dealers Only): \_\_\_\_\_

**STATEMENT OF PURCHASER**

The aircraft purchased is a \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, bears serial number \_\_\_\_\_ and FAA registration number \_\_\_\_\_. Total amount paid for this aircraft was \$ \_\_\_\_\_ and a lien in the amount of \$ \_\_\_\_\_ is held by: \_\_\_\_\_.

The aircraft described herein was purchased from \_\_\_\_\_ (name of seller) \_\_\_\_\_ (address) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip) on \_\_\_\_/\_\_\_\_/\_\_\_\_ (date).

Delivery of this aircraft was taken at \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip) and arrived in Florida on \_\_\_\_/\_\_\_\_/\_\_\_\_ (date).

Total purchase price .....	\$ _____
<b>Less: trade-in .....</b>	<b>( _____ )</b>
Net purchase price .....	_____
Florida sales tax due at 6% .....	_____
Florida discretionary surtax .....	_____
Penalty .....	_____
Interest .....	_____
Sub-total .....	\$ _____
<b>Less credit for tax paid in another state* .....</b>	<b>( _____ )</b>
<b>TOTAL DUE</b>	<b>\$ _____</b>

\*You must include a copy of the Bill of Sale which shows the correct purchase price (not the F.A.A. Bill of Sale) even if no tax is due. Please make your check payable to the Florida Department of Revenue.

The plane is presently located at \_\_\_\_\_ (FBO) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip)

and its permanent FBO/tie-down location is \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip)

The aircraft was bought for the following purpose(s) \_\_\_\_\_.

This purchaser also owns \_\_\_\_\_ other aircraft and they have the following FAA registration numbers: \_\_\_\_\_.

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_.

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, A.D., \_\_\_\_\_.

\_\_\_\_\_  
(Signature of Purchaser/Affiant)

\_\_\_\_\_  
(Signature of Notary)

Personally Known \_\_\_\_\_  
Or Produced Identification \_\_\_\_\_  
Type of Identification Produced \_\_\_\_\_

\_\_\_\_\_  
Print, Type or Stamp Name of Notary

**THIS DOCUMENT MUST BE RETURNED TO THE DEPARTMENT OF REVENUE WITHIN 15 DAYS FROM THE RECEIPT OF THIS NOTICE OR THE DATE OF PURCHASE.**  
**PLEASE MAIL TO: DEPARTMENT OF REVENUE, COMPLIANCE ENFORCEMENT, PO BOX 6417, TALLAHASSEE, FL 32314-6417.**