

## **SWORN AFFIDAVIT FORM**

INSTRUCTIONS: Sworn Affidavit Form or copy of Bill of Sale signed by seller is due at time of Application for Registration or a Proposed Assessment will be issued using the average retail value.

STATE OF INDIANA DEPARTMENT OF REVENUE COMPIANCE DIVISION-AERONAUTICS P.O. Box 644 Indianapolis, Indiana 46206-0644 (317) 232-1497

SELLER:						
Name (Last, First, Middle In	nitial)					
Street Address						
City		(	State		Zip Code	
					1	
PURCHASER:						
Name (Last, First, Middle In	nitial)					
Street Address						
City		(5	State		Zip Code	
DESCRIPTION OF AI	RCRAFT PURCH	IASE:				
FAA Number Year of Mfg.			Serial Number	Date of Purchase		
N				(Month, Day, Year)		
Aircraft Make			Aircraft Model			
		,				
DESRIPTION OF TRA	ADE: (must be an a	aircraft or	aircraft parts):	:		
FAA Number Year of M		of Mfg.	Se		Number	
Aircraft Make			Aircraft Model			
Allerant iviane			Allerant Model			
SUMMARY:						
SUMIMAKY:						
Aircraft Selling Price		<u>\$</u>	( <u>\$</u>			
Subtract Aircraft Trade Value \$						
Amount Subject to Sales/Us	<b>\$</b>					
I hereby verify, under penalty	of perjury that the total	1 price paid t	or the above describ	and aircraft res	presents the true amount	
collected for the sale of the air	rcraft. This statement is	s made for th	e purpose of provid			
Department of Revenue in det	ermining the purchaser'	's Sales/Use	Tax.			
Date (Month Day Veer)	ç;~	mature of So	ller			
Date (Month, Day, Year) State Form 7669 (R2/7-93)	Sigi	mature or se				