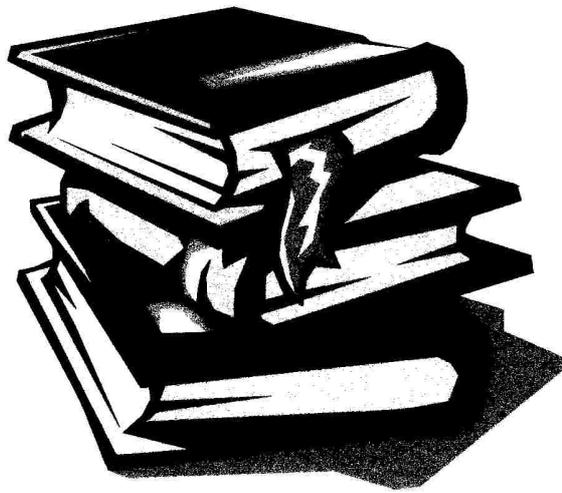


**TAX ABATEMENT
RESOURCE MATERIALS**



**Assessor's Conference
Summer 2013**



**STATEMENT OF BENEFITS
PERSONAL PROPERTY**

State Form 51764 (R2 / 12-11)
Prescribed by the Department of Local Government Finance

FORM SB-1 / PP

PRIVACY NOTICE
The cost and any specific individual's salary information is confidential; the balance of the filing is public record per IC 6-1.1-12.1-5.1 (c) and (d).

INSTRUCTIONS:

1. This statement must be submitted to the body designating the Economic Revitalization Area prior to the public hearing if the designating body requires information from the applicant in making its decision about whether to designate an Economic Revitalization Area. Otherwise this statement must be submitted to the designating body **BEFORE** a person installs the new manufacturing equipment and/or research and development equipment, and/or logistical distribution equipment and/or information technology equipment for which the person wishes to claim a deduction. "Projects" planned or committed to after July 1, 1987, and areas designated after July 1, 1987, require a STATEMENT OF BENEFITS. (IC 6-1.1-12.1)
2. Approval of the designating body (City Council, Town Board, County Council, etc.) must be obtained prior to installation of the new manufacturing equipment and/or research and development equipment and/or logistical distribution equipment and/or information technology equipment, **BEFORE** a deduction may be approved
3. To obtain a deduction, a person must file a certified deduction schedule with the person's personal property return on a certified deduction schedule (Form 103-ERA) with the township assessor of the township where the property is situated or with the county assessor if there is no township assessor for the township. The 103-ERA must be filed between March 1 and May 15 of the assessment year in which new manufacturing equipment and/or research and development equipment and/or logistical distribution equipment and/or information technology equipment is installed and fully functional, unless a filing extension has been obtained. A person who obtains a filing extension must file the form between March 1 and the extended due date of that year.
4. Property owners whose Statement of Benefits was approved after June 30, 1991, must submit Form CF-1 / PP annually to show compliance with the Statement of Benefits. (IC 6-1.1-12.1-5.6)
5. The schedules established under IC 6-1.1-12.1-4.5(d) and (e) apply to equipment installed after March 1, 2001, unless an alternative deduction schedule is adopted by the designating body (IC 6-1.1-12.1-17).

SECTION 1 TAXPAYER INFORMATION													
Name of taxpayer													
Address of taxpayer (number and street, city, state, and ZIP code)													
Name of contact person							Telephone number						
SECTION 2 LOCATION AND DESCRIPTION OF PROPOSED PROJECT													
Name of designating body							Resolution number (s)						
Location of property					County		DLGF taxing district number						
Description of manufacturing equipment and/or research and development equipment and/or logistical distribution equipment and/or information technology equipment. (use additional sheets if necessary)					ESTIMATED								
										START DATE		COMPLETION DATE	
					Manufacturing Equipment								
					R & D Equipment								
					Logist Dist Equipment								
IT Equipment													
SECTION 3 ESTIMATE OF EMPLOYEES AND SALARIES AS RESULT OF PROPOSED PROJECT													
Current number		Salaries		Number retained		Salaries		Number additional		Salaries			
SECTION 4 ESTIMATED TOTAL COST AND VALUE OF PROPOSED PROJECT													
NOTE: Pursuant to IC 6-1.1-12.1-5.1 (d) (2) the COST of the property is confidential.			MANUFACTURING EQUIPMENT		R & D EQUIPMENT		LOGIST DIST EQUIPMENT		IT EQUIPMENT				
			COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE			
Current values													
Plus estimated values of proposed project													
Less values of any property being replaced													
Net estimated values upon completion of project													
SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER													
Estimated solid waste converted (pounds) _____					Estimated hazardous waste converted (pounds) _____								
Other benefits:													
SECTION 6 TAXPAYER CERTIFICATION													
I hereby certify that the representations in this statement are true.													
Signature of authorized representative					Title			Date signed (month, day, year)					

FOR USE OF THE DESIGNATING BODY

We have reviewed our prior actions relating to the designation of this economic revitalization area and find that the applicant meets the general standards adopted in the resolution previously approved by this body. Said resolution, passed under IC 6-1.1-12.1-2.5, provides for the following limitations as authorized under IC 6-1.1-12.1-2.

A. The designated area has been limited to a period of time not to exceed _____ calendar years * (see below). The date this designation expires is _____.

- B. The type of deduction that is allowed in the designated area is limited to:
- 1. Installation of new manufacturing equipment; Yes No
 - 2. Installation of new research and development equipment; Yes No
 - 3. Installation of new logistical distribution equipment. Yes No
 - 4. Installation of new information technology equipment; Yes No

C. The amount of deduction applicable to new manufacturing equipment is limited to \$ _____ cost with an assessed value of \$ _____.

D. The amount of deduction applicable to new research and development equipment is limited to \$ _____ cost with an assessed value of \$ _____.

E. The amount of deduction applicable to new logistical distribution equipment is limited to \$ _____ cost with an assessed value of \$ _____.

F. The amount of deduction applicable to new information technology equipment is limited to \$ _____ cost with an assessed value of \$ _____.

G. Other limitations or conditions (specify) _____

H. The deduction for new manufacturing equipment and/or new research and development equipment and/or new logistical distribution equipment and/or new information technology equipment installed and first claimed eligible for deduction on or after July 1, 2000, is allowed for:

- 1 year 6 years ** For ERA's established prior to July 1, 2000, only a
- 2 years 7 years 5 or 10 year schedule may be deducted.
- 3 years 8 years
- 4 years 9 years
- 5 years ** 10 years **

I. Did the designating body adopt an alternative deduction schedule per IC 6-1.1-12.1-17? Yes No
If yes, attach a copy of the alternative deduction schedule to this form.

Also we have reviewed the information contained in the statement of benefits and find that the estimates and expectations are reasonable and have determined that the totality of benefits is sufficient to justify the deduction described above.

Approved: (signature and title of authorized member)	Telephone number ()	Date signed (month, day, year)
Attested by:	Designated body	

* If the designating body limits the time period during which an area is an economic revitalization area, it does not limit the length of time a taxpayer is entitled to receive a deduction to a number of years designated under IC 6-1.1-12.1-4.5

Abatement Deduction Schedule

Statement of Benefits (SB-1) approved after 06/30/2000

(Machinery or research and development equipment)

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11
One (1) Year	100%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Two (2) Years	100%	50%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Three (3) Years	100%	66%	33%	0%	0%	0%	0%	0%	0%	0%	0%
Four (4) Years	100%	75%	50%	25%	0%	0%	0%	0%	0%	0%	0%
Five (5) Years	100%	80%	60%	40%	20%	0%	0%	0%	0%	0%	0%
Six (6) Years	100%	85%	66%	50%	34%	25%	0%	0%	0%	0%	0%
Seven (7) Years	100%	85%	71%	57%	43%	29%	14%	0%	0%	0%	0%
Eight (8) Years	100%	88%	75%	63%	50%	38%	25%	13%	0%	0%	0%
Nine (9) Years	100%	88%	77%	66%	55%	44%	33%	22%	11%	0%	0%
Ten (10) Years	100%	90%	80%	70%	60%	50%	40%	30%	20%	10%	0%

ERA Designated and SB-1 approved on or after 05/01/1991 and before 07/01/2000

(Machinery and equipment only)

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11
Five (5) Years	100%	95%	80%	65%	50%	0%	0%	0%	0%	0%	0%
Ten (10) Years	100%	95%	90%	85%	80%	70%	55%	40%	30%	25%	0%

ERA Designated prior to 07/01/2000 and SB-1 filed on or after 07/01/2000

(Machinery and equipment only)

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11
Five (5) Years	100%	80%	60%	40%	20%	0%	0%	0%	0%	0%	0%
Ten (10) Years	100%	90%	80%	70%	60%	50%	40%	30%	20%	10%	0%

ERA designated prior to 05/01/1991 and SB-1 filed before 05/01/1991

(Machinery and equipment only)

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11
Five (5) Years	100%	95%	80%	65%	50%	0%	0%	0%	0%	0%	0%



**COMPLIANCE WITH STATEMENT OF BENEFITS
PERSONAL PROPERTY**

State Form 51765 (R / 1-06)

Prescribed by the Department of Local Government Finance

FORM CF-1 / PP

- INSTRUCTIONS:**
1. Property owners whose Statement of Benefits was approved must file this form with the local Designating Body to show the extent to which there has been compliance with the Statement of Benefits. (IC 6-1.1-12.1-5.6)
 2. This form must be filed with the Form 103-ERA Schedule of Deduction from Assessed Value between March 1, and May 15, of each year, unless a filing extension under IC 6-1.1-3.7 has been granted. A person who obtains a filing extension must file between March 1, and the extended due date of each year.
 3. With the approval of the designating body, compliance information for multiple projects may be consolidated on one (1) compliance (CF-1).

SECTION 1		TAXPAYER INFORMATION	
Name of taxpayer			
Address of taxpayer (number and street, city, state, and ZIP code)			
Name of contact person			Telephone number
SECTION 2		LOCATION AND DESCRIPTION OF PROPERTY	
Name of designating body			Resolution number
Location of property	County	DLGF taxing district number	
Description of new manufacturing equipment, or new research and development equipment, or new information technology equipment, or new logistical distribution equipment to be acquired.		Estimated starting date (month, day, year)	
		Estimated completion date (month, day, year)	
SECTION 3		EMPLOYEES AND SALARIES	
EMPLOYEES AND SALARIES		AS ESTIMATED ON SB-1	ACTUAL
Current number of employees			
Salaries			
Number of employees retained			
Salaries			
Number of additional employees			
Salaries			
SECTION 4		COST AND VALUES	
	MANUFACTURING EQUIPMENT	R & D EQUIPMENT	LOGIST DIST EQUIPMENT
	COST	ASSESSED VALUE	COST
	ASSESSED VALUE	ASSESSED VALUE	ASSESSED VALUE
AS ESTIMATED ON SB-1			
Values before project			
Plus: Values of proposed project			
Less: Values of any property being replaced			
Net values upon completion of project			
ACTUAL			
Values before project			
Plus: Values of proposed project			
Less: Values of any property being replaced			
Net values upon completion of project			
NOTE: The COST of the property is confidential pursuant to IC 6-1.1-12.1-5.6 (d).			
SECTION 5		WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER	
WASTE CONVERTED AND OTHER BENEFITS		AS ESTIMATED ON SB-1	ACTUAL
Amount of solid waste converted			
Amount of hazardous waste converted			
Other benefits:			
SECTION 6		TAXPAYER CERTIFICATION	
I hereby certify that the representations in this statement are true.			
Signature of authorized representative	Title	Date signed (month, day, year)	

**OPTIONAL: FOR USE BY A DESIGNATING BODY WHO ELECTS TO REVIEW THE COMPLIANCE WITH STATEMENT OF BENEFITS (FORM CF-1)
THAT WAS APPROVED AFTER JUNE 30, 1991.**

INSTRUCTIONS: (IC 6-1.1-12-5.9)

1. This page does not apply to a Statement of Benefits filed before July 1, 1991; that deduction may not be terminated for a failure to comply with the Statement of Benefits.
2. Within forty-five (45) days after receipt of this form, the designating body may determine whether or not the property owner has substantially complied with the Statement of Benefits.
3. If the property owner is found **NOT** to be in substantial compliance, the designating body shall send the property owner written notice. The notice must include the reasons for the determination and the date, time and place of a hearing to be conducted by the designating body. If a notice is mailed to a property owner, a copy of the written notice will be sent to the Township Assessor and the County Auditor.
4. Based on the information presented at the hearing, the designating body shall determine whether or not the property owner has made reasonable effort to substantially comply with the Statement of Benefits.
5. If the designating body determines that the property owner has **NOT** made reasonable effort to comply, then the designating body shall adopt a resolution terminating the deduction. The designating body shall immediately mail a certified copy of the resolution to: (1) the property owner; (2) the County Auditor; and (3) the Township Assessor.

We have reviewed the CF-1 and find that:			
<input type="checkbox"/> the property owner IS in substantial compliance			
<input type="checkbox"/> the property owner IS NOT in substantial compliance			
<input type="checkbox"/> other (specify) _____			
Reasons for the determination (attach additional sheets if necessary)			
Signature of authorized member			Date signed (month, day, year)
Attested by:		Designating body	
If the property owner is found not to be in substantial compliance, the property owner shall receive the opportunity for a hearing. The following date and time has been set aside for the purpose of considering compliance.			
Time of hearing	<input type="checkbox"/> AM <input type="checkbox"/> PM	Date of hearing (month, day, year)	Location of hearing
HEARING RESULTS (to be completed after the hearing)			
<input type="checkbox"/> Approved		<input type="checkbox"/> Denied (see instruction 5 above)	
Reasons for the determination (attach additional sheets if necessary)			
Signature of authorized member			Date signed (month, day, year)
Attested by:		Designating body	
APPEAL RIGHTS [IC 6-1.1-12.1-5.9(e)]			
A property owner whose deduction is denied by the designating body may appeal the designating body's decision by filing a complaint in the office of the Circuit or Superior Court together with a bond conditioned to pay the costs of the appeal if the appeal is determined against the property owner.			



BUSINESS TANGIBLE PERSONAL PROPERTY ASSESSMENT RETURN

State Form 11405 (R33 / 11-12)

Prescribed by the Department of Local Government Finance

**FORM
103 - LONG**

MARCH 1, 2013

For Assessor's Use Only

INSTRUCTIONS: PLEASE TYPE or PRINT

- This form must be filed with the assessor of the county in which the property is located not later than May 15 unless an extension of up to thirty (30) days is granted in writing.
- A Form 104 must be filed with the return.

PRIVACY NOTICE: The records in this series are confidential according to I. C. 6-1.1-35-9.

Name of taxpayer		Federal Identification Number **
Name under which business is conducted		DLGF Taxing district number
Address where property is located (number and street, city, state, and ZIP code)		DLGF Taxing district name
Nature of business	NAICS * - Code number	Township
Name and address to which Assessment and Tax Notice is to be mailed (if different than above)		County
		Retail Merchants Certification Number

1. Federal Income Tax Year ends _____ Name filed under _____
2. Location of accounting records _____
3. Form of business Partnership or Joint Venture Sole Proprietorship Corporation Estate or Trust
 Other, describe: _____
4. Do you have other locations in Indiana? Yes No
5. Did you own, hold, possess or control any leased, rented or other depreciable personal property on March 1? Yes No (See 50 IAC 4.2-8)
6. Did you own, hold, possess or control any Special Tools on March 1? Yes No (See 50 IAC 4.2-6-2)
7. Did you own, hold, possess or control any returnable containers on March 1? Yes No (See 50 IAC 4.2-6-4)
8. Total sales for this location during the prior fiscal or calendar year. \$ _____

If taxpayer answers "yes" to question 5, the owner must file Form 103-O and the possessor must file Form 103-N. Failure to properly disclose lease information may result in a double assessment. (See 50 IAC 4.2-2 and 50 IAC 4.2-8).

Duplicate Return Requirement. Every taxpayer whose total combined assessed value of business personal property in a single taxing district is \$150,000 or more must file each return in duplicate including the confidential returns and schedules attached thereto. (IC 6-1.1-3-7 (c))

Failure to file a return on or before the due date, as required by law, will result in the imposition of a twenty-five dollar (\$25) penalty. In addition, if the return is not filed within thirty (30) days after such return is due, a penalty equal to twenty percent (20%) of the taxes finally determined to be due with respect to the property which should have been reported will be imposed. A personal property return is not due until the expiration of any extension period granted by the assessing official under IC 6-1.1-3-7 (b). If the total assessed value that a person reports on a personal property return is less than the total assessed value that the person is required by law to report and if the amount of the undervaluation exceeds five percent (5%) of the value that should have been reported on the return, then the county auditor shall add a penalty of twenty percent (20%) of the additional taxes finally determined to be due as a result of the undervaluation.

In completing a personal property return for a year, a taxpayer must make a complete disclosure of all information relating to the value, nature or location of personal property owned, held, possessed or controlled on the assessment date. (IC 6-1.1-3-9 (a)). This information would include, but not be limited to, completion of the heading and related information, answers to all questions on the face of the return, and entries on all of the appropriate lines of Schedule A. If such information is not provided, the taxpayer will be contacted and directed to provide that information. In addition, a penalty of \$25 may be imposed. (IC 6-1.1-37-7(d))

* NAICS - North American Industry Classification System - A complete list of codes may be found at www.census.gov. The Indiana Code (IC) and Indiana Administrative Code (IAC) may be found on-line at the DLGF website - www.in.gov/dlgr. For further questions, contact the County Assessor (available on the DLGF website).

NOTE: The NAICS Code Number appears on your federal income tax return.

** An individual using his Social Security number as the Federal Identification number is only required to provide the last four digits of that number. IC 4-1-10-3.

SUMMARY (Round all numbers to nearest ten dollars)	REPORTED BY TAXPAYER	CHANGE BY ASSESSOR	CHANGE BY THE COUNTY BOARD
Schedule A - Personal Property	+ \$	\$	\$
Deduction per Form 103 ERA or Form 103-CTP	- \$	\$	\$
Final Assessed Valuation	= \$	\$	\$

SIGNATURE AND VERIFICATION

Under penalties of perjury, I hereby certify that this return (including accompanying schedules, deduction claims and statements), to the best of my knowledge and belief, is true, correct, and complete; reports all tangible personal property, subject to taxation, owned, held, possessed or controlled by the named taxpayer, in the stated taxing district, on the assessment date, as required by law; and is prepared in accordance with IC 6-1.1 et seq., as amended, and regulations promulgated with respect thereto.

Signature of authorized person	Telephone number ()	Date (month, day, year)
Name and title of authorized person (please type or print)	E-mail contact	
Signature of person preparing return, if different than authorized person	Name and contact information of preparer (please type or print)	

FORM 103 - LONG See 50 IAC 4.2-4		TANGIBLE PERSONAL PROPERTY CONFIDENTIAL			SCHEDULE A MARCH 1, 2013
Line	Report all personal property assessable to this taxpayer below. (Round all figures below to nearest dollar)				Federal Identification number
1	Total cost of tangible depreciable personal property. (50 IAC 4.2-4-2)				\$
2	Adjustment to federal tax basis per Form 106. (50 IAC 4.2-4-4)				
3	Total cost and base year value of tangible depreciable personal property. (Line 1 plus 2)				\$
Deduct Exempt Property (See 50 IAC 4.2-11)				COST	
4	Stationary industrial air purification systems (Attach Form 103-P.)			\$	
5	Industrial waste control facilities (Attach Form 103-P.)				
6	Enterprise information technology equipment (Attach Form 103-IT)				
7	Vehicles / airplanes subject to excise tax	Number of Units		\$	
Total cost of exempt property (Deduct from Line 3 and enter on Line 8)					
8	Subtotal				\$.
Additions: See 50 IAC 4.2-1-1 and 50 IAC 4.2-4-3 (b) and 4					
9	Cost of all depreciable personal property still in use but written off. (50 IAC 4.2-4-3(b))				\$
10	Cost of installation and foundations applicable to depreciable personal property. (50 IAC 4.2-4-2(d))				
11	Cost of interest incurred during construction and installation applicable to depreciable personal property. (50 IAC 4.2-4-3(h))				
12	Total cost and base year value of assessable depreciable personal property. (add Lines 8, 9, 10 and 11. Line 12 must agree with Line 56 Column A)				\$
POOLING SUMMARY (From Schedule A-1 or Form 103-P5)		TOTAL COST COLUMN A	ADJUSTMENTS COLUMN B	ADJUSTED COST COLUMN C	TRUE TAX VALUE COLUMN D
56	Total All Pools	\$	\$	\$	\$
57	30% of Adjusted Cost (Line 56, Column C) (enter zero (0) if filing 103-P5 and entity is a qualified steel mill or oil refinery per IC 6-1.1-3-23)				\$
58	Greater of Lines 56D or 57				\$
Adjustments to True Tax Value					
59	Equipment not placed in service and/or critical spare parts (50 IAC 4.2-6-1 & 6) per Form 106.	Cost \$		X 10%	\$
60	Tools, dies, jigs, fixtures, etc., per Form 103-T. (50 IAC 4.2-6-2)		Cost \$		\$
61	Permanently retired equipment (50 IAC 4.2-4-3) and/or returnable containers (50 IAC 4.2-6-4) per Form 106.		Cost \$		\$
62	Commercial aircraft and commercial bus line fleet, not subject to excise tax per Form 103-I. (50 IAC 4.2-10)		Cost \$		\$
63	Total additions to True Tax Value. (Lines 59, 60, 61 and 62)				\$
64	Total True Tax Value before adjustments for "Abnormal Obsolescence." (Line 58 plus Line 63)				\$
65	Abnormal Obsolescence Adjustment per Form 106. (50 IAC 4.2-4-8)				\$
66	Total True Tax Value of personal property. (To page 1, Form 103 Summary)				\$

** The total cost of special tools, dies, jigs, fixtures, etc., permanently retired equipment; commercial aircraft, and commercial bus line fleet, not subject to excise tax is to be deducted in full in Column B below. The true tax value of such property is to be computed on the proper Form(s) (103-T, 106 AND 103-I, respectively) and recorded on Line(s) 60, 61 and 62.

ROUND ALL FIGURES BELOW TO THE NEAREST DOLLAR.

YEAR OF ACQUISITION		COLUMN A	COLUMN B	COLUMN C		COLUMN D
POOL NUMBER 1: (1 TO 4 YEAR LIFE)		TOTAL COST OR BASE YEAR VALUE	ADJUSTMENTS ** (See Note Above)	ADJUSTED COST	T.T.V.%	TRUE TAX VALUE
13	From To 3-1-13*				65	
14	3-2-12 To 3-1-13				65	
15	3-2-11 To 3-1-12				50	
16	3-2-10 To 3-1-11				35	
17	Prior To 3-2-10	\$	\$	\$	20	\$
18	TOTAL POOL NUMBER 1					
POOL NUMBER 2: (5 TO 8 YEAR LIFE)						
19	From To 3-1-13 *				40	
20	3-2-12 To 3-1-13				40	
21	3-2-11 To 3-1-12				56	
22	3-2-10 To 3-1-11				42	
23	3-2-09 To 3-1-10				32	
24	3-2-08 To 3-1-09				24	
25	3-2-07 To 3-1-08				18	
26	Prior To 3-2-07	\$	\$	\$	15	\$
27	TOTAL POOL NUMBER 2					
POOL NUMBER 3: (9 TO 12 YEAR LIFE)						
28	From To 3-1-13 *				40	
29	3-2-12 To 3-1-13				40	
30	3-2-11 To 3-1-12				60	
31	3-2-10 To 3-1-11				55	
32	3-2-09 To 3-1-10				45	
33	3-2-08 To 3-1-09				37	
34	3-2-07 To 3-1-08				30	
35	3-2-06 To 3-1-07				25	
36	3-2-05 To 3-1-06				20	
37	3-2-04 To 3-1-05				16	
38	3-2-03 To 3-1-04				12	
39	Prior To 3-2-03	\$	\$	\$	10	\$
40	TOTAL POOL NUMBER 3					
POOL NUMBER 4: (13 YEAR AND LONGER LIFE)						
41	From To 3-1-13 *				40	
42	3-2-12 To 3-1-13				40	
43	3-2-11 To 3-1-12				60	
44	3-2-10 To 3-1-11				63	
45	3-2-09 To 3-1-10				54	
46	3-2-08 To 3-1-09				46	
47	3-2-07 To 3-1-08				40	
48	3-2-06 To 3-1-07				34	
49	3-2-05 To 3-1-06				29	
50	3-2-04 To 3-1-05				25	
51	3-2-03 To 3-1-04				21	
52	3-2-02 To 3-1-03				15	
53	3-2-01 To 3-1-02				10	
54	Prior To 3-2-01	\$	\$	\$	5	\$
55	TOTAL POOL NUMBER 4					
56	TOTAL ALL POOLS					

Election to report cost of Depreciable Assets by Federal tax year Yes No
Election available only when federal tax year ends December 31 or January 31. See 50 IAC 4.2-4-6 (c).

* If taxpayer elects to report cost above on federal tax year basis, assets acquired from the prior federal tax year end to March 1 are to be reported on the first line of the appropriate pool.

NOTE: All Column B adjustments above must be supported on Form 106, Form 103 - T, or Form 103 - I.

Filing Basics:

- Every person owning, holding, possessing, or controlling personal property in Indiana on March 1st is required to file a form by May 15th.
- Taxpayers may request up to a thirty (30) day extension of time to file their return. The written request should be sent to the assessor before the filing deadline of May 15th and should include a reason for the request. The assessor has the authority to approve, deny, or set a different deadline of less than thirty (30) days for each request received.
- Personal property must be assessed in each taxing district where property has a tax situs.
- Inventory located in the State of Indiana is exempt and is not required to be reported.
- It is the responsibility of the taxpayer to obtain forms from the assessor and file a timely return. The forms are also available on-line at the department's website. www.in.gov/dlgf
- If you hold, possess, or control not-owned personal property on the assessment date, you have a liability for the taxes imposed for that year unless you establish that the property is to be assessed to the owner. This is done by completing a Form 103-N, attaching it to the Form 103 - Long, and filing it with the assessor. NOTE: Failure to properly disclose lease information may result in a double assessment.
- Taxpayers who discover an error was made on their original timely filed personal property tax return have the right to file an amended return. The amended return must be filed within twelve (12) months of the due date or the extended due date (if up to a thirty (30) day extension was granted) of their original return.

Frequently Asked Questions:

- A. How do I find out my Taxing District Name & Number?**
You will need to contact your County Assessor for assistance since heavily populated areas can have several taxing districts within a single township.
- B. How do I find out my NAICS number?**
This 6 digit code number appears on the federal returns filed for businesses. For a complete list of the codes, go to www.census.gov.
- C. Will my local assessor fill this form out for me?**
Indiana's personal property tax system is a self-assessment system. An assessor can offer assistance with the filing; however, an authorized person representing the business must sign the form under penalties of perjury that it is true and correct so the responsibility of filing an accurate return remains with the taxpayer.
- D. How can I find contact information for the various county offices (Assessor, Auditor, or Treasurer) throughout the State of Indiana, locate forms or learn more about Indiana's personal property tax system?**
Go to the Indiana Department of Local Government Finance's website at www.in.gov/dlgf.

INFORMATION OF NOT-OWNED PERSONAL PROPERTY WHICH IS TO BE ASSESSED TO THE OWNER

NOTE: This form is for the reporting of two or less Operating Leases. For all other leases, the Form 103-N (for the lessee) and the Form 103-O (for the lessor) should be utilized. For more information on the reporting of leased equipment, refer to 50 IAC 4.2-8. Failure to properly disclose lease information may result in a double assessment.

Name and Address of the Owner	Location of Property	Date of Lease (month, day, year)	Model Number and Description	Quantity	Cost, If Known



**SCHEDULE OF DEDUCTION FROM ASSESSED VALUATION
PERSONAL PROPERTY IN ECONOMIC REVITALIZATION AREA**

State Form 52503 (R9 / 11-12)
Prescribed by the Department of Local Government Finance

MARCH 1, 2013
FORM 103-ERA

PRIVACY NOTICE: The records in this series are confidential according to I. C. 6-1.1-35-9.

INSTRUCTIONS:

1. In order to receive a deduction, this schedule must be submitted with a timely filed Form 103-Long.
2. A separate schedule must be completed and attached to Form 103-Long for each approved Form SB-1/PP for that abatement.
3. Attach a copy of the applicable Form CF-1 to this schedule. First-time filings must also include the SB-1 and the Resolution from the designating body.
4. For any acquisitions included herein since the last assessment date, attach a list of the newly included equipment on Form 103-EL.

SECTION 1 TAXPAYER INFORMATION									
Name of taxpayer				Name of contact person					
Full address (number and street, city, state, and ZIP code)				E-mail address of contact person		Telephone number ()			
County		Township		Taxing District		Fax number ()			
SECTION 2 ECONOMIC REVITALIZATION AREA INFORMATION									
Name of body designating the Economic Revitalization Area				Resolution number		Length of abatement (years)			
Date designation approved (month, day, year)		Date designation will terminate (month, day, year)		Does resolution limit dollar amount of deduction? <input type="checkbox"/> Yes, and limit is based on equipment <input type="checkbox"/> No <input type="checkbox"/> Cost or <input type="checkbox"/> Assessed value					
SECTION 3 ABATED EQUIPMENT POOLING SCHEDULE									
The total cost of depreciable assets is to be reported on Form 103-Long. This schedule includes only the values attributable to the new manufacturing, research and development, logistical distribution, and/or information technology equipment under abatement per the resolution and IC 6-1.1-12.1. Election to report cost of Depreciable Assets by federal tax year** <input type="checkbox"/> Yes <input type="checkbox"/> No									
The Minimum Value Ratio applies if Line 57 is greater than Line 56D on page 2 of the Form 103-Long [IC 6-1.1-12.1-4.5(h)]		Box 1 - Enter amount shown on Line 57 of Form 103-Long		Box 2 - Enter amount shown on Line 56D of Form 103-Long		Box 3 - Divide Box 1 by Box 2 (carry ratio 5 decimal places)			
POOL NUMBER 1 (1 TO 4 YEAR LIFE)									
13	From	to 3-1-13***	103 Schedule A, Column C, Adjusted Cost	TTV%	True Tax Value	Minimum Value Ratio (if applicable)	Abatement		Deduction Claimed
							Year	Percent	
14	3-2-12	to 3-1-13	\$	65%	\$		1	%	\$
15	3-2-11	to 3-1-12		50%			2		
16	3-2-10	to 3-1-11		35%			3		
17A	3-2-09	to 3-1-10		20%			4		
17B	3-2-08	to 3-1-09		20%			5		
17C	3-2-07	to 3-1-08		20%			6		
17D	3-2-06	to 3-1-07		20%			7		
17E	3-2-05	to 3-1-06		20%			8		
17F	3-2-04	to 3-1-05		20%			9		
17G	3-2-03	to 3-1-04		20%			10		
18	TOTAL POOL NUMBER 1		\$	--	\$	--	--	--	\$
POOL NUMBER 2 (5 TO 8 YEAR LIFE)									
19	From	to 3-1-13***	103 Schedule A, Column C, Adjusted Cost	TTV%	True Tax Value	Minimum Value Ratio (if applicable)	Abatement		Deduction Claimed
							Year	Percent	
20	3-2-12	to 3-1-13	\$	40%	\$		1	%	\$
21	3-2-11	to 3-1-12		56%			2		
22	3-2-10	to 3-1-11		42%			3		
23	3-2-09	to 3-1-10		32%			4		
24	3-2-08	to 3-1-09		24%			5		
25	3-2-07	to 3-1-08		18%			6		
26A	3-2-06	to 3-1-07		15%			7		
26B	3-2-05	to 3-1-06		15%			8		
26C	3-2-04	to 3-1-05		15%			9		
26D	3-2-03	to 3-1-04		15%			10		
27	TOTAL POOL NUMBER 2		\$	--	\$	--	--	--	\$
SUB-TOTAL - POOLS 1 AND 2 (Total Lines 18 and 27. Enter to the right and on Page 2.)									\$

**SECTION 3 (continued) ABATED EQUIPMENT POOLING SCHEDULE
POOL NUMBER 3 (9 TO 12 YEAR LIFE)**

28	From	to	3-1-13***	103 Schedule A, Column C, Adjusted Cost	TTV%	True Tax Value	Minimum Value Ratio (if applicable)	Abatement		Deduction Claimed
								Year	Percent	
28				\$	40%	\$		1	%	\$
29			3-2-12 to 3-1-13		40%			1		
30			3-2-11 to 3-1-12		60%			2		
31			3-2-10 to 3-1-11		55%			3		
32			3-2-09 to 3-1-10		45%			4		
33			3-2-08 to 3-1-09		37%			5		
34			3-2-07 to 3-1-08		30%			6		
35			3-2-06 to 3-1-07		25%			7		
36			3-2-05 to 3-1-06		20%			8		
37			3-2-04 to 3-1-05		16%			9		
38			3-2-03 to 3-1-04		12%			10		
40	TOTAL POOL NUMBER 3			\$	--	\$	--	--	--	\$

POOL NUMBER 4 (13 YEAR AND LONGER LIVES)

41	From	to	3-1-13***	103 Schedule A, Column C, Adjusted Cost	TTV%	True Tax Value	Minimum Value Ratio (if applicable)	Abatement		Deduction Claimed
								Year	Percent	
41				\$	40%	\$		1	%	\$
42			3-2-12 to 3-1-13		40%			1		
43			3-2-11 to 3-1-12		60%			2		
44			3-2-10 to 3-1-11		63%			3		
45			3-2-09 to 3-1-10		54%			4		
46			3-2-08 to 3-1-09		46%			5		
47			3-2-07 to 3-1-08		40%			6		
48			3-2-06 to 3-1-07		34%			7		
49			3-2-05 to 3-1-06		29%			8		
50			3-2-04 to 3-1-05		25%			9		
51			3-2-03 to 3-1-04		21%			10		
55	TOTAL POOL NUMBER 4			\$	--	\$	--	--	--	\$

SUB-TOTAL - POOLS 3 AND 4 (Total Lines 40 and 55. Enter to the right and below.) \$

SPECIAL TOOLING

S1	From	to	3-1-13***	Round all figures to the nearest \$1. Report only the cost of abated special tools, dies, jigs, etc. (50 IAC 4.2-6-2)	True Tax Value (Included on Form 103-T)		Abatement		Deduction Claimed
							Year	Percent	
S1				\$	30%		1	%	\$
S2			3-2-12 to 3-1-13		30%		1		
S3			3-2-11 to 3-1-12		3%		2		
S4			3-2-10 to 3-1-11		3%		3		
S5			3-2-09 to 3-1-10		3%		4		
S6			3-2-08 to 3-1-09		3%		5		
S7			3-2-07 to 3-1-08		3%		6		
S8			3-2-06 to 3-1-07		3%		7		
S9			3-2-05 to 3-1-06		3%		8		
S10			3-2-04 to 3-1-05		3%		9		
S11			3-2-03 to 3-1-04		3%		10		
S12	TOTAL SPECIAL TOOLING			\$	--		--	--	\$

SUB-TOTAL POOLS 1 AND 2 (from Page 1)										\$	
SUB-TOTAL POOLS 3 AND 4 (from above)											
SUB-TOTAL SPECIAL TOOLING (from above - Line S12)											
TOTAL ALL POOLS AND SPECIAL TOOLING										\$	
LIMIT ON AMOUNT OF ABATEMENT STATED IN RESOLUTION								CASH	\$	AMOUNT	\$
AMOUNT OF DEDUCTION CLAIMED - Lesser of resolution limit on abatement or total all pools. (Carry deduction forward to the Summary Section on Page 1 of the Form 103-Long.)										\$	

Obsolescence claimed on Form 106? Yes No

NOTE: If obsolescence is claimed on depreciable assets, the applicable adjustment must be taken on the Abatement Deduction being claimed. Show calculations on Form 106.

Line numbers on this form match the line numbers on the Form 103-Long. Lines were added to Pools 1 & 2 and deleted from Pools 3 & 4 to reflect the ten (10) year abatement limitation.

*** If taxpayer elects to report cost on a federal tax year basis, assets acquired from the end of the prior federal tax year to March 1 are reported on the first line.



**STATEMENT OF BENEFITS
REAL ESTATE IMPROVEMENTS**

State Form 51767 (R3 / 12-11)
Prescribed by the Department of Local Government Finance

20 ____ PAY 20 ____
FORM SB-1 / Real Property

This statement is being completed for real property that qualifies under the following Indiana Code (check one box):

- Redevelopment or rehabilitation of real estate improvements (IC 6-1.1-12.1-4)
- Eligible vacant building (IC 6-1.1-12.1-4.8)

INSTRUCTIONS:

- This statement must be submitted to the body designating the Economic Revitalization Area prior to the public hearing if the designating body requires information from the applicant in making its decision about whether to designate an Economic Revitalization Area. Otherwise this statement must be submitted to the designating body **BEFORE** the redevelopment or rehabilitation of real property for which the person wishes to claim a deduction. "Projects" planned or committed to after July 1, 1987, and areas designated after July 1, 1987, require a STATEMENT OF BENEFITS. (IC 6-1.1-12.1)
- Approval of the designating body (City Council, Town Board, County Council, etc.) must be obtained prior to initiation of the redevelopment or rehabilitation, **BEFORE** a deduction may be approved.
- To obtain a deduction, application Form 322 ERA/RE or Form 322 ERA/VBD, Whichever is applicable, must be filed with the County Auditor by the later of: (1) May 10; or (2) thirty (30) days after the notice of addition to assessed valuation or new assessment is mailed to the property owner at the address shown on the records of the township assessor, if any, or the county assessor.
- Property owners whose Statement of Benefits was approved after June 30, 1991, must attach a Form CF-1/Real Property annually to the application to show compliance with the Statement of Benefits. [IC 6-1.1-12.1-5.1(b) and IC 6-1.1-12.1-5.3(j)]
- The schedules established under IC 6-1.1-12.1-4(d) for rehabilitated property and under IC 6-1.1-12.1-4.8(1) for vacant buildings apply to any statement of benefits approved on or after July 1, 2000, unless an alternative deduction schedule is adopted by the designating body (IC 6-1.1-12.1-17). The schedules effective prior to July 1, 2000, shall continue to apply to a statement of benefits filed before July 1, 2000.

SECTION 1 TAXPAYER INFORMATION						
Name of taxpayer						
Address of taxpayer (number and street, city, state, and ZIP code)						
Name of contact person			Telephone number	E-mail address		
SECTION 2 LOCATION AND DESCRIPTION OF PROPOSED PROJECT						
Name of designating body				Resolution number		
Location of property			County	DLGF taxing district number		
Description of real property improvements, redevelopment, or rehabilitation (use additional sheets if necessary)				Estimated start date (month, day, year)		
				Estimated completion date (month, day, year)		
SECTION 3 ESTIMATE OF EMPLOYEES AND SALARIES AS RESULT OF PROPOSED PROJECT						
Current number	Salaries	Number retained	Salaries	Number additional	Salaries	
SECTION 4 ESTIMATED TOTAL COST AND VALUE OF PROPOSED PROJECT						
NOTE: Pursuant to IC 6-1.1-12.1-5.1 (d) (2) the COST of the property is confidential.			REAL ESTATE IMPROVEMENTS			
			COST		ASSESSED VALUE	
			Current values			
			Plus estimated values of proposed project			
			Less values of any property being replaced			
Net estimated values upon completion of project						
SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER						
Estimated solid waste converted (pounds) _____			Estimated hazardous waste converted (pounds) _____			
Other benefits						
SECTION 6 TAXPAYER CERTIFICATION						
I hereby certify that the representations in this statement are true.						
Signature of authorized representative			Title	Date signed (month, day, year)		

FOR USE OF THE DESIGNATING BODY

We have reviewed our prior actions relating to the designation of this Economic Revitalization Area and find that the applicant meets the general standards adopted in the resolution previously approved by this body. Said resolution, passed under IC 6-1.1-12.1, provides for the following limitations:

- A. The designated area has been limited to a period of time not to exceed _____ calendar years * (see below). The date this designation expires is _____.
- B. The type of deduction that is allowed in the designated area is limited to:
 - 1. Redevelopment or rehabilitation of real estate improvements Yes No
 - 2. Residentially distressed areas Yes No
 - 3. Occupancy of a vacant building Yes No
- C. The amount of the deduction applicable is limited to \$ _____.
- D. Other limitations or conditions (specify) _____
- E. The deduction is allowed for _____ years* (see below).
- F. Did the designating body adopt an alternative deduction schedule per IC 6-1.1-12.1-17? Yes No
If yes, attach a copy of the alternative deduction schedule to this form.

We have also reviewed the information contained in the statement of benefits and find that the estimates and expectations are reasonable and have determined that the totality of benefits is sufficient to justify the deduction described above.

Approved (signature and title of authorized member of designating body)	Telephone number ()	Date signed (month, day, year)
Attested by (signature and title of attester)	Designated body	

- * If the designating body limits the time period during which an area is an economic revitalization area, it does not limit the length of time a taxpayer is entitled to receive a deduction to a number of years designated under IC 6-1.12-12.1-4.
- A. For residentially distressed areas, the deduction period may not exceed five (5) years.
 - B. For redevelopment and rehabilitation or real estate improvements:
 - 1. If the Economic Revitalization Area was designated prior to July 1, 2000, the deduction period is limited to three (3), six (6), or ten (10) years.
 - 2. If the Economic Revitalization Area was designated after June 20, 2000, the deduction period may not exceed ten (10) years.
 - C. For vacant buildings, the deduction period may not exceed two (2) years.



**COMPLIANCE WITH STATEMENT OF BENEFITS
REAL ESTATE IMPROVEMENTS**

State Form 51766 (R3 / 2-13)
Prescribed by the Department of Local Government Finance

20 ____ PAY 20 ____

FORM CF-1 / Real Property

PRIVACY NOTICE

The cost and any specific individual's salary information is confidential; the balance of the filing is public record per IC 6-1.1-12.1-5.1 (c) and (d).

INSTRUCTIONS:

1. This form does not apply to property located in a residentially distressed area or any deduction for which the Statement of Benefits was approved before July 1, 1991.
2. Property owners must file this form with the county auditor and the designating body for their review regarding the compliance of the project with the Statement of Benefits (Form SB-1/Real Property).
3. This form must accompany the initial deduction application (Form 322/RE) that is filed with the county auditor.
4. This form must also be updated each year in which the deduction is applicable. It is filed with the county auditor and the designating body before May 15, or by the due date of the real property owner's personal property return that is filed in the township where the property is located. (IC 6-1.1-12.1-5.1(b))
5. With the approval of the designating body, compliance information for multiple projects may be consolidated on one (1) compliance form (Form CF-1/Real Property).

SECTION 1 TAXPAYER INFORMATION			
Name of taxpayer		County	
Address of taxpayer (number and street, city, state, and ZIP code)		DLGF taxing district number	
Name of contact person		Telephone number ()	
SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY			
Name of designating body		Resolution number	Estimated start date (month, day, year)
Location of property		Actual start date (month, day, year)	
Description of real property improvements		Estimated completion date (month, day, year)	
		Actual completion date (month, day, year)	
SECTION 3 EMPLOYEES AND SALARIES			
EMPLOYEES AND SALARIES		AS ESTIMATED ON SB-1	ACTUAL
Current number of employees			
Salaries			
Number of employees retained			
Salaries			
Number of additional employees			
Salaries			
SECTION 4 COST AND VALUES			
COST AND VALUES		REAL ESTATE IMPROVEMENTS	
AS ESTIMATED ON SB-1		COST	ASSESSED VALUE
Values before project			
Plus: Values of proposed project			
Less: Values of any property being replaced			
Net values upon completion of project			
ACTUAL		COST	ASSESSED VALUE
Values before project			
Plus: Values of proposed project			
Less: Values of any property being replaced			
Net values upon completion of project			
SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER			
WASTE CONVERTED AND OTHER BENEFITS		AS ESTIMATED ON SB-1	ACTUAL
Amount of solid waste converted			
Amount of hazardous waste converted			
Other benefits:			
SECTION 6 TAXPAYER CERTIFICATION			
I hereby certify that the representations in this statement are true.			
Signature of authorized representative		Title	Date signed (month, day, year)

**OPTIONAL: FOR USE BY A DESIGNATING BODY WHO ELECTS TO REVIEW THE COMPLIANCE WITH STATEMENT OF BENEFITS (FORM CF-1)
THAT WAS APPROVED AFTER JUNE 30, 1991**

INSTRUCTIONS: (IC 6-1.1-12.1-5.1 and IC 6-1.1-12.1-5.9)

1. Not later than forty-five (45) days after receipt of this form, the designating body may determine whether or not the property owner has substantially complied with the Statement of Benefits (Form SB-1/Real Property).
2. If the property owner is found **NOT** to be in substantial compliance, the designating body shall send the property owner written notice. The notice must include the reasons for the determination and the date, time and place of a hearing to be conducted by the designating body. The date of this hearing may not be more than thirty (30) days after the date this notice is mailed. A copy of the notice may be sent to the county auditor and the county assessor.
3. Based on the information presented at the hearing, the designating body shall determine whether or not the property owner has made reasonable efforts to substantially comply with the Statement of Benefits (Form SB-1/Real Property) and whether any failure to substantially comply was caused by factors beyond the control of the property owner.
4. If the designating body determines that the property owner has **NOT** made reasonable efforts to comply, then the designating body shall adopt a resolution terminating the property owner's deduction. If the designating body adopts such a resolution, the deduction does not apply to the next installment of property taxes owed by the property owner or to any subsequent installment of property taxes. The designating body shall immediately mail a certified copy of the resolution to: (1) the property owner; (2) the county auditor; and (3) the county assessor.

We have reviewed the CF-1 and find that:

- the property owner **IS** in substantial compliance
- the property owner **IS NOT** in substantial compliance
- other (specify) _____

Reasons for the determination (attach additional sheets if necessary)

Signature of authorized member	Date signed (month, day, year)
--------------------------------	--------------------------------

Attested by:	Designating body
--------------	------------------

If the property owner is found not to be in substantial compliance, the property owner shall receive the opportunity for a hearing. The following date and time has been set aside for the purpose of considering compliance. (Hearing must be held within thirty (30) days of the date of mailing of this notice.)

Time of hearing	<input type="checkbox"/> AM <input type="checkbox"/> PM	Date of hearing (month, day, year)	Location of hearing
-----------------	------------------------------------------------------------	------------------------------------	---------------------

HEARING RESULTS (to be completed after the hearing)

- Approved Denied (see instruction 5 above)

Reasons for the determination (attach additional sheets if necessary)

Signature of authorized member	Date signed (month, day, year)
--------------------------------	--------------------------------

Attested by:	Designating body
--------------	------------------

APPEAL RIGHTS [IC 6-1.1-12.1-5.9(e)]

A property owner whose deduction is denied by the designating body may appeal the designating body's decision by filing a complaint in the office of the Circuit or Superior Court together with a bond conditioned to pay the costs of the appeal if the appeal is determined against the property owner.



APPLICATION FOR DEDUCTION FROM ASSESSED VALUATION OF STRUCTURES IN ECONOMIC REVITALIZATION AREAS (ERA)

State Form 18379 (R11 / 12-12)
 Prescribed by the Department of Local Government Finance

20 ____ PAY 20 ____
FORM 322 / RE

INSTRUCTIONS:

- This form is to be filed in person or by mail with the Auditor of the county in which the property is located before May 10 of the year in which addition to assessed valuation (or new assessment) is made, or not later than thirty (30) days after mailing date of notice of assessment (Form 11) if such notice is not given before April 10 of that year (IC 6-1.1-12.1-5).
- Copy of Form 11 must be attached.
- A property owner may not receive this deduction for the same property or improvements for which a deduction is obtained under either IC 6-1.1-12-18, IC 6-1.1-12-22 or IC 6-1.1-12-28.5 (IC 6-1.1-12.1-6).
- A copy of the statement of benefits (Form SB-1 / Real Property) must be attached to this application.
- The compliance with statement of benefits (Form CF-1 / Real Property) must be filed with this application and the designating body (IC 6-1.1-12.1-5.1).
- A copy of the resolution must be attached to this application.
- Please see IC 6-1.1-12.1 for further instructions.
- Taxpayer completes Sections I, II and III below.
- If property located in an economic revitalization area is also located in an allocation area as defined in IC 36-7-14-39 or IC 36-7-15.1-26, an application for the property tax deduction may not be approved unless the Commission that designated the allocation area adopts a resolution approving the application (IC 6-1.1-12.1-2(k)).
- Except for ERA's designated before December 31, 1987, a deduction for redevelopment or rehabilitation is not authorized for the following facilities (IC 6-1.1-12.1-3).
 - Private or commercial golf course
 - Country club
 - Massage parlor
 - Tennis court
 - Skating facility, including roller skating, skateboarding or ice skating
 - Racquet sport facility (including handball or racquet ball court)
 - Hot tub facility
 - Suntan facility
 - Racetrack
 - Any facility, the primary purpose of which is (a) Retail food and beverage service; (b) Automobile sales or service; or (c) other retail; (unless the facility is located in an economic development-target area established under IC 6-1.1-12.1-7).
 - Residential, unless the facility is a multi-family facility that contains at least 20% of the units available for use by low and moderate income individuals or unless the facility is located in an economic development target area established under IC 6-1.1-12.1-7, or the area is designated as a residentially distressed area which is required to meet conditions as cited in IC 6-1.1-12.1-2 (c) (1 & 2).
 - Package liquor store [see IC 6-1.1-12.1 - 3(e)(12)]

SECTION I - DESCRIPTION OF PROPERTY			
The owner hereby applies to the County Auditor for a deduction pursuant to IC 6-1.1-12.1-5 beginning with the assessment date March 1, 20 ____.			
County	Township	DLGF taxing district number	Key number
Name of owner		Legal description from Form 11	
Property address (number and street, city, state, and ZIP code)			Date of Form 11 (month, day, year)
Type of structure			Use of structure
Governing body that approved ERA designation		Date ERA designation approved (month, day, year)	Resolution number
SECTION II - VERIFICATION OF OWNER OR REPRESENTATIVE			
Signature of owner or representative (I hereby certify that the representations on this application are true.)			Date signed (month, day, year)
Address (number and street, city, state, and ZIP code)			
SECTION III - STRUCTURES			AUDITOR'S USE
A. Rehabilitation structure	1. Assessed valuation AFTER rehabilitation	\$	
	2. Assessed valuation BEFORE rehabilitation	\$	
	3. Difference in assessed valuation (Line 1 minus Line 2)	\$	
	4. Assessed valuation eligible for deduction (for the increase in A/V from the rehabilitation, not including the increase in A/V from the reassessment of the entire structure)	\$	
B. New structure	1. Assessed valuation	\$	
	2. Assessed valuation eligible for deduction	\$	
SECTION IV - VERIFICATION OF ASSESSING OFFICIAL			
I verify that the above described structure was assessed and the owner was notified on _____ with the effective date of the assessment being March 1, 20 ____ and that the assessed valuations in Section III are correct.			
Signature of Assessing Official		Township	Date (month, day, year)

CONTINUED ON THE REVERSE SIDE

**SECTION V - FOR AREAS NOT RESIDENTIALLY DISTRESSED
PERCENTAGES AND AMOUNTS OF DEDUCTIONS**

YEAR OF DEDUCTION / PERCENTAGE / AMOUNT OF DEDUCTION **	YEAR OF DEDUCTION / PERCENTAGE / AMOUNT OF DEDUCTION **
<p>(1) For deductions allowed over a 1 year period:</p> <p>1 20__ pay 20__ \$_____ 100% * ___% \$_____</p>	
<p>(2) For deductions allowed over a two (2) year period:</p> <p>1 20__ pay 20__ \$_____ 100% * ___% \$_____</p> <p>2 20__ pay 20__ \$_____ 50% * ___% \$_____</p>	
<p>(3) For deductions allowed over a three (3) year period:</p> <p>1 20__ pay 20__ \$_____ 100% * ___% \$_____</p> <p>2 20__ pay 20__ \$_____ 66% * ___% \$_____</p> <p>3 20__ pay 20__ \$_____ 33% * ___% \$_____</p>	
<p>(4) For deductions allowed over a four (4) year period:</p> <p>1 20__ pay 20__ \$_____ 100% * ___% \$_____</p> <p>2 20__ pay 20__ \$_____ 75% * ___% \$_____</p> <p>3 20__ pay 20__ \$_____ 50% * ___% \$_____</p> <p>4 20__ pay 20__ \$_____ 25% * ___% \$_____</p>	
<p>(5) For deductions allowed over a five (5) year period:</p> <p>1 20__ pay 20__ \$_____ 100% * ___% \$_____</p> <p>2 20__ pay 20__ \$_____ 80% * ___% \$_____</p> <p>3 20__ pay 20__ \$_____ 60% * ___% \$_____</p> <p>4 20__ pay 20__ \$_____ 40% * ___% \$_____</p> <p>5 20__ pay 20__ \$_____ 20% * ___% \$_____</p>	
<p>(6) For deductions allowed over a six (6) year period:</p> <p>1 20__ pay 20__ \$_____ 100% * ___% \$_____</p> <p>2 20__ pay 20__ \$_____ 85% * ___% \$_____</p> <p>3 20__ pay 20__ \$_____ 66% * ___% \$_____</p> <p>4 20__ pay 20__ \$_____ 50% * ___% \$_____</p> <p>5 20__ pay 20__ \$_____ 34% * ___% \$_____</p> <p>6 20__ pay 20__ \$_____ 17% * ___% \$_____</p>	
<p>(7) For deductions allowed over a seven (7) year period:</p> <p>1 20__ pay 20__ \$_____ 100% * ___% \$_____</p> <p>2 20__ pay 20__ \$_____ 85% * ___% \$_____</p> <p>3 20__ pay 20__ \$_____ 71% * ___% \$_____</p> <p>4 20__ pay 20__ \$_____ 57% * ___% \$_____</p> <p>5 20__ pay 20__ \$_____ 43% * ___% \$_____</p> <p>6 20__ pay 20__ \$_____ 29% * ___% \$_____</p> <p>7 20__ pay 20__ \$_____ 14% * ___% \$_____</p>	
<p>(8) For deductions allowed over a eight (8) year period:</p> <p>1 20__ pay 20__ \$_____ 100% * ___% \$_____</p> <p>2 20__ pay 20__ \$_____ 88% * ___% \$_____</p> <p>3 20__ pay 20__ \$_____ 75% * ___% \$_____</p> <p>4 20__ pay 20__ \$_____ 63% * ___% \$_____</p> <p>5 20__ pay 20__ \$_____ 50% * ___% \$_____</p> <p>6 20__ pay 20__ \$_____ 38% * ___% \$_____</p> <p>7 20__ pay 20__ \$_____ 25% * ___% \$_____</p> <p>8 20__ pay 20__ \$_____ 13% * ___% \$_____</p>	
<p>(9) For deductions allowed over a nine (9) year period:</p> <p>1 20__ pay 20__ \$_____ 100% * ___% \$_____</p> <p>2 20__ pay 20__ \$_____ 88% * ___% \$_____</p> <p>3 20__ pay 20__ \$_____ 77% * ___% \$_____</p> <p>4 20__ pay 20__ \$_____ 66% * ___% \$_____</p> <p>5 20__ pay 20__ \$_____ 55% * ___% \$_____</p> <p>6 20__ pay 20__ \$_____ 44% * ___% \$_____</p> <p>7 20__ pay 20__ \$_____ 33% * ___% \$_____</p> <p>8 20__ pay 20__ \$_____ 22% * ___% \$_____</p> <p>9 20__ pay 20__ \$_____ 11% * ___% \$_____</p>	
<p>(10) For deductions allowed over a ten (10) year period:</p> <p>1 20__ pay 20__ \$_____ 100% * ___% \$_____</p> <p>2 20__ pay 20__ \$_____ 95% * ___% \$_____</p> <p>3 20__ pay 20__ \$_____ 80% * ___% \$_____</p> <p>4 20__ pay 20__ \$_____ 65% * ___% \$_____</p> <p>5 20__ pay 20__ \$_____ 50% * ___% \$_____</p> <p>6 20__ pay 20__ \$_____ 40% * ___% \$_____</p> <p>7 20__ pay 20__ \$_____ 30% * ___% \$_____</p> <p>8 20__ pay 20__ \$_____ 20% * ___% \$_____</p> <p>9 20__ pay 20__ \$_____ 10% * ___% \$_____</p> <p>10 20__ pay 20__ \$_____ 5% * ___% \$_____</p>	
<p>* If an alternative deduction schedule was adopted per IC 6-1.1-12.1-17, enter the approved percentage(s) on the applicable line(s) on this schedule.</p> <p>** The amount of the deduction shall be adjusted to reflect the percentage increase or decrease in assessed valuation resulting from a general reassessment or a cyclical reassessment. If an appeal of an assessment is approved that results in a reduction of the assessed value, the deduction amount shall be adjusted to reflect the percentage decrease that resulted from the appeal. (IC 6-1.1-12.1-4 (b))</p>	

**SECTION VI - FOR RESIDENTIALLY DISTRESSED AREAS (AS DEFINED BY IC 6-1.1-12.1-2b-d)
AMOUNT OF DEDUCTION**

TYPE OF DWELLING	DEDUCTION IS THE LESSER OF: [IC 6-1.1-12.1-4.1(b)]	DEDUCTION IS ALLOWED FOR A FIVE (5) YEAR PERIOD WHICH INCLUDES YEARS:
<input type="checkbox"/> One (1) family dwelling	Assessed value (after rehabilitation or redevelopment) \$_____ or \$74,880 AV	___ pay ___ through ___ pay ___
<input type="checkbox"/> Two (2) family dwelling	Assessed value (after rehabilitation or redevelopment) \$_____ or \$106,080 AV	___ pay ___ through ___ pay ___
<input type="checkbox"/> Three (3) unit multifamily dwelling	Assessed value (after rehabilitation or redevelopment) \$_____ or \$156,000 AV	___ pay ___ through ___ pay ___
<input type="checkbox"/> Four (4) unit multifamily dwelling	Assessed value (after rehabilitation or redevelopment) \$_____ or \$199,680 AV	___ pay ___ through ___ pay ___

Assessed value limits for taxes due and payable prior to January 1, 2005 were \$36,000, \$51,000, \$75,000, and \$96,000 for one to four family dwellings respectively.

SECTION VII - APPROVAL OF COUNTY AUDITOR (COMPLETE ONLY IF APPROVED)

This application is approved in the amounts shown above.

Signature of County Auditor

Date signed (month, day, year)

IC 6-1.1-12.1

Chapter 12.1. Deduction for Rehabilitation or Redevelopment of Real Property in Economic Revitalization Areas

IC 6-1.1-12.1-0.3

Legalization of designation of economic revitalization area before February 1, 1991

Sec. 0.3. Notwithstanding any other law, a designating body's actions taken before February 1, 1991, in retroactively designating an economic revitalization area are legalized and validated.

As added by P.L.220-2011, SEC.121.

IC 6-1.1-12.1-1

Definitions

Sec. 1. For purposes of this chapter:

(1) "Economic revitalization area" means an area which is within the corporate limits of a city, town, or county which has become undesirable for, or impossible of, normal development and occupancy because of a lack of development, cessation of growth, deterioration of improvements or character of occupancy, age, obsolescence, substandard buildings, or other factors which have impaired values or prevent a normal development of property or use of property. The term "economic revitalization area" also includes:

(A) any area where a facility or a group of facilities that are technologically, economically, or energy obsolete are located and where the obsolescence may lead to a decline in employment and tax revenues; and

(B) a residentially distressed area, except as otherwise provided in this chapter.

(2) "City" means any city in this state, and "town" means any town incorporated under IC 36-5-1.

(3) "New manufacturing equipment" means tangible personal property that a deduction applicant:

(A) installs on or before the approval deadline determined under section 9 of this chapter, in an area that is declared an economic revitalization area in which a deduction for tangible personal property is allowed;

(B) uses in the direct production, manufacture, assembly, extraction, mining, processing, or finishing of other tangible personal property, not limited to use to dispose of waste by converting the solid waste into energy or other useful energy;

(C) acquires for use:

(i) in an area that is an economic revitalization area;

Would you like to find the Indiana Codes concerning tax abatements? Here's how ...
Go to: www.in.gov/dleg
→ Click on: Legislation & Policy Information
→ Click on: Indiana Code & Administrative Code
→ Click on: Title 6
→ Click on: Article 1.1
→ Click on: Chapter 12.1

ARTICLE 10. ECONOMIC REVITALIZATION AREA DEDUCTION; MARITIME OPPORTUNITY DISTRICT DEDUCTION

Rule 1. Definitions

50 IAC 10-1-1 Applicability

Authority: IC 6-1.1-31-1
Affected: IC 6-1.1-12.1-1

Sec. 1. (a) The definitions in this rule apply throughout this article.

(b) Unless otherwise indicated, the definitions contained in 50 IAC 4.2 also apply to this article. However, if a definition in 50 IAC 4.2 conflicts with a definition contained in this article, the definition under this article controls.

(c) The definitions contained in IC 6-1.1-12.1-1 apply throughout this article. (*Department of Local Government Finance; 50 IAC 10-1-1; filed Feb 8, 1996, 5:30 p.m.: 19 IR 1294*)

50 IAC 10-1-2 "Installed" defined

Authority: IC 6-1.1-31-1
Affected: IC 6-1.1-12.1

Sec. 2. (a) "Installed" means that personal property:

- (1) has been completely assembled;
- (2) is completely functional for the purpose for which it was acquired; and
- (3) is placed in service.

(b) When different pieces of personal property are linked together as part of an integrated production process, personal property will not be considered installed until the integrated production process is completely functional and is placed in service.

(c) Personal property that is subjected to a preliminary test period or testing process shall not be considered installed until the conclusion of the test period or testing process. However, a test period or testing process may not be longer than is necessary to complete the needed testing, and therefore personal property that has been placed in service and is in a substantial period of time shall not be considered to be within a test period or testing process.

(d) For purposes of substantiating the date of completion of the installation of property, the owner shall maintain records or other records that reflect when the property was completely assembled, completely functional and placed in service, acquired, fully operational, and placed in service. (*Department of Local Government Finance; 50 IAC 10-1-2; filed Feb 9, 1996, 11:05 a.m.: 19 IR 1372*)

50 IAC 10-1-3 "New manufacturing equipment" defined

Authority: IC 6-1.1-31-1
Affected: IC 6-1.1-12.1-1

Sec. 3. (a) "New manufacturing equipment" has the meaning of new manufacturing equipment, personal property must be qualifying machinery and equipment.

(b) New manufacturing equipment includes new machinery and equipment.

(c) Special tooling, as defined in 50 IAC 4.2, is not new manufacturing equipment under this article.

(d) The capitalized amount of expenditure for the purchase of new manufacturing equipment, if it increases the productivity or capacity of existing manufacturing equipment, or adapt the manufacturing equipment to produce new manufacturing equipment.

Feb 8, 1996, 5:30 p.m.

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Go to: www.in.gov/dlgr
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→ Click on: Title 50
→ Click on: Article 10 (PDF)

→ new
→ 1-3; filed
→ 24 IR 1303)



STATEMENT OF BENEFITS PERSONAL PROPERTY

State Form 51764 (R2 / 12-11)

Prescribed by the Department of Local Government Finance

FORM SB-1 / PP

PRIVACY NOTICE

The cost and any specific individual's salary information is confidential; the balance of the filing is public record per IC 6-1.1-12.1-5.1 (c) and (d).

INSTRUCTIONS:

1. This statement must be submitted to the body designating the Economic Revitalization Area prior to the public hearing if the designating body requires information from the applicant in making its decision about whether to designate an Economic Revitalization Area. Otherwise this statement must be submitted to the designating body **BEFORE** a person installs the new manufacturing equipment and/or research and development equipment, and/or logistical distribution equipment and/or information technology equipment for which the person wishes to claim a deduction. "Projects" planned or committed to after July 1, 1987, and areas designated after July 1, 1987, require a STATEMENT OF BENEFITS. (IC 6-1.1-12.1)
2. Approval of the designating body (City Council, Town Board, County Council, etc.) must be obtained prior to installation of the new manufacturing equipment and/or research and development equipment and/or logistical distribution equipment and/or information technology equipment, **BEFORE** a deduction may be approved
3. To obtain a deduction, a person must file a certified deduction schedule with the person's personal property return on a certified deduction schedule (Form 103-ERA) with the township assessor of the township where the property is situated or with the county assessor if there is no township assessor for the township. The 103-ERA must be filed between March 1 and May 15 of the assessment year in which new manufacturing equipment and/or research and development equipment and/or logistical distribution equipment and/or information technology equipment is installed and fully functional, unless a filing extension has been obtained. A person who obtains a filing extension must file the form between March 1 and the extended due date of that year.
4. Property owners whose Statement of Benefits was approved after June 30, 1991, must submit Form CF-1 / PP annually to show compliance with the Statement of Benefits. (IC 6-1.1-12.1-5.6)
5. The schedules established under IC 6-1.1-12.1-4.5(d) and (e) apply to equipment installed after March 1, 2001, unless an alternative deduction schedule is adopted by the designating body (IC 6-1.1-12.1-17).

SECTION 1		TAXPAYER INFORMATION					
Name of taxpayer							
Address of taxpayer (number and street, city, state, and ZIP code)							
Name of contact person				Telephone number			
SECTION 2		LOCATION AND DESCRIPTION OF PROPOSED PROJECT					
Name of designating body				Resolution number (s)			
Location of property		County		DLGF taxing district number			
Description of manufacturing equipment and/or research and development equipment and/or logistical distribution equipment and/or information technology equipment. (use additional sheets if necessary)		ESTIMATED					
				START DATE	COMPLETION DATE		
		Manufacturing Equipment					
		R & D Equipment					
		Logist Dist Equipment					
		IT Equipment					
SECTION 3		RESULTS OF PROPOSED PROJECT					
Current number		Number additional		Salaries			
SECTION 4		COSTS OF PROPOSED PROJECT					
NOTE: Pursuant to IC 6-1.1-12.1-5.6, the cost of the equipment is the assessed value of the equipment as of the date of installation. City		MANUFACTURING EQUIPMENT		LOGIST DIST EQUIPMENT		IT EQUIPMENT	
		COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE
SECTION 5		OTHER BENEFITS PROMISED BY THE TAXPAYER					
Other		Estimated hazardous waste converted (pounds)					
SECTION 6		TAXPAYER CERTIFICATION					
I hereby certify that the representations in this statement are true.							
Signature of authorized representative			Title		Date signed (month, day, year)		

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