



**NOTICE OF REVIEW OF CURRENT YEAR'S ASSESSMENT**  
**(For Personal Property by the Assessor or County Property Tax Assessment Board of Appeals)**

State Form 21519 (R5 / 11-15)  
 Prescribed by the Department of Local Government Finance

**FORM 111 / PP**

ASSESSMENT DATE

JANUARY 1, 20 \_\_\_\_\_

*NOTE: To the Assessor or County Property Tax Assessment Board of Appeals: Date of hearing must be at least thirty (30) days after the giving of this notice.*

Name of taxpayer		
Address (number and street, city, state, and ZIP code)		
<b>YOU ARE HEREBY NOTIFIED THAT ON</b>	Date (month, day, year)	Time <input type="checkbox"/> AM <input type="checkbox"/> PM
Location of hearing		Room
<p>The _____ County Property Tax Assessment Board of Appeals or _____ Assessor, pursuant to its authority under IC 6-1.1-13 or IC 6-1.1-3-14 and 15, shall review the assessment as of January 1, 20 _____ of the following property:</p> <p>Description    <input type="checkbox"/> Farmer's Personal Property (Form 102)        <input type="checkbox"/> Business Personal Property (Form 103)</p>		
<b>LOCATION OF PROPERTY</b>		
County	Township	Taxing district
Address (number, street and city of property)		
<p>In considering the assessment, the Assessor or County Property Tax Assessment Board of Appeals intends to review the assessment for the following reasons:</p> <p><input type="checkbox"/> Taxpayer furnished insufficient information on Form 103 or filed an incomplete assessment return.</p> <p><input type="checkbox"/> To review an exemption or adjustment claimed on the assessment return.</p> <p><input type="checkbox"/> To verify basic compliance with 50 IAC 4.2.</p> <p><input type="checkbox"/> Return as filed appears estimated.</p> <p><input type="checkbox"/> Taxpayer's failure to file required assessment return.</p> <p><input type="checkbox"/> To determine if lease or other not-owned property has been correctly reported.</p> <p><input type="checkbox"/> Other _____</p>		
Have available at said hearing the following books, records and evidence:		
<p><input type="checkbox"/> Federal Tax Return for the period _____        <input type="checkbox"/> General Ledger</p> <p><input type="checkbox"/> Financial statements for _____        <input type="checkbox"/> Depreciation Records</p> <p><input type="checkbox"/> Records of leased or other not-owned property    <input type="checkbox"/> Other _____</p>		
<p>You, or your duly authorized representative, may submit any evidence deemed by you to be pertinent. In the event you fail to appear on the date and at the time stated in this notice, the Assessor or County Property Tax Assessment Board of Appeals shall determine the assessed value of the property being considered on the basis of the evidence before it. You will receive notice of the action taken by the Assessor or County Property Tax Assessment Board of Appeals.</p>		
Date (day, month, year)		
Name (please print)	Title	Telephone number (     )
Address (number and street, city, state, and ZIP code)		
Signature		Date (month, day, year)