



NOTICE OF ASSESSMENT / CHANGE BY AN ASSESSING OFFICIAL

State Form 21521 (R10 / 1-18)

Prescribed by the Department of Local Government Finance

FORM 113 / PP

ASSESSMENT DATE
_____, 1, 20____

Notice to the taxpayer of the opportunity to appeal (IC 6-1.1-15-1.1, 1.2):

If the taxpayer does not agree with the action of the Assessing Official giving this notice, an appeal can be initiated to challenge that action if the taxpayer files a "Form 130 - Taxpayer's Notice To Initiate An Appeal" with the Township Assessor (if any) or the County Assessor not later than forty-five (45) days after the date of this notice of assessment. This form is available from the Assessing Official or at <https://forms.in.gov/Download.aspx?id=6979>. An Assessing Official who receives a Form 130 must schedule a preliminary informal meeting with the taxpayer in order to resolve the appeal. The Assessing Official and taxpayer must exchange the information each party is relying on at the time of the preliminary informal meeting to support the party's respective position on each disputed issue concerning the appeal.

NOTE: Failure to file a timely Form 130 can be grounds for dismissal of this appeal.

Name of taxpayer
Address (number and street, city, state, and ZIP code)

You are hereby notified that the undersigned assessing official has taken the action described below with regard to the following property:

LOCATION OF PROPERTY		
County	Township	Taxing district
Address where property is located (number and street, city, and ZIP code)		

DESCRIPTION OF PROPERTY	
<input type="checkbox"/> Farmer's Personal Property (Form 102)	<input type="checkbox"/> Business Personal Property (Form 103)
<input type="checkbox"/> Public Utility Company Distributable Property (Form UD45) (deductions only)	

ACTION
<input type="checkbox"/> Assessed value before deductions has been changed from \$ _____ to \$ _____ .
<input type="checkbox"/> Assessed value of a deduction was changed from \$ _____ to \$ _____ .
<input type="checkbox"/> Failure to file required assessment return. Assessment has been estimated to be \$ _____ .
<input type="checkbox"/> Other (explain) _____

REASON(S) FOR ACTION
<input type="checkbox"/> Failure to file required assessment return. You have the right to file an assessment return within thirty (30) days of the first notice of assessment. (50 IAC 4.2-3.1-2)
<input type="checkbox"/> Mathematical error (describe below) <input type="checkbox"/> Omitted property (describe below)
<input type="checkbox"/> Mandatory or allowable adjustment not properly computed or disallowed (describe and state below)
<input type="checkbox"/> Abnormal obsolescence adjustment disallowed (be sure to specify reason(s))
<input type="checkbox"/> Exemption disallowed (describe and give reasons): <input type="checkbox"/> In-whole <input type="checkbox"/> In-part
<input type="checkbox"/> Industrial waste control equipment not certified by Department of Environmental Management <input type="checkbox"/> Air pollution control equipment not qualified
<input type="checkbox"/> Other _____

Description or reasons (attach additional sheet if necessary)

Date of this notice (month, day, year)	Name (please print)
Telephone number ()	Signature
Address (number and street, city, state, and ZIP code)	