

CLAIM FOR EXEMPTION OF AIR OR WATER POLLUTION CONTROL FACILITIES State Form 24056 (R13 / 12-22)

Prescribed by the Department of Local Government Finance

FORM 103-P PRIVACY NOTICE This form contains confidential

information pursuant to IC 6-1.1-35-9.

For Assessor's Use Only

INSTRUCTIONS:	Attach to and	file with Forr	n 103-Long.
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Name of taxpayer (please type or print)	County	DLGF Taxing District Number
Address where property is located (number and street, city, state, and ZIP code)	Telephone Number	Email
	()	

RETURN OF PERSONAL PROPERTY OF INDUSTRIAL WASTE CONTROL FACILITIES TO ELIMINATE WATER POLLUTION CLAIMED TO BE EXEMPT FROM ASSESSMENT. Pursuant to IC 6-1.1-10-10, report below all personal property employed predominantly in the operation of an industrial water treatment system for elimination of water pollution caused by industrial wastes. (See 50 IAC 4.2-11.1-2)

MONTH & YEAR ACQUIRED	TAX LIFE	ASSET DESCRIPTION – INDUSTRIAL WASTE CONTROL FACILITY	TOTAL COST		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
TOTAL COST AS SHOWN ON LINE 5, SCHEDULE A, FORM 103-LONG			\$		
Under the penalties of perjury, I hereby certify that this return to the best of my knowledge and belief, is true, correct, and complete; and reports the total cost of all personal property claimed by the taxpayer to be exempt from assessment and taxation pursuant to IC 6-1.1-10-10.					
Signature of Authorized Person		Title	Date (month, day, year)		
Signature of Person Preparing Return					

Claim Air Pollution Control Exemption on Page 2.

RETURN OF PERSONAL PROPERTY OF STATIONARY INDUSTRIAL AIR PURIFICATION SYSTEMS CLAIMED TO BE EXEMPT FROM ASSESSMENT – STATE OF INDIANA				
Pursuant to IC 6-1.1-10-13, report below all personal property employed predominantly in the operation of an industrial air purification system for elimination of air contamination caused by industrial wastes. (See 50 IAC 4.2-11.1-1)				
MONTH & YEAR ACQUIRED	TAX LIFE	ASSET DESCRIPTION – AIR P	OLLUTION CONTROL SYSTEM	TOTAL COST
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
TOTAL COST AS SHOWN ON LINE 4, SCHEDULE A, FORM 103-LONG \$				
Under the penalties of perjury, I hereby certify that this return to the best of my knowledge and belief, is true, correct, and complete; and reports the total cost of all personal property claimed by the taxpayer to be exempt from assessment and taxation pursuant to IC 6-1.1-10-13.				
Signature of Authorized Person		Title		Date (month, day, year)
Signature of Person Preparing Return				