



# STATEMENT FOR DEDUCTION OF ASSESSED VALUATION (Fertilizer and Pesticide Storage Improvements)

State Form 45651 (R9 / 9-24)

Prescribed by the Department of Local Government Finance

**FILING DATE:** Form must be completed, signed, and filed or postmarked by January 15 of the immediately succeeding calendar year.

**INSTRUCTIONS:**

All claims for deduction must be filed with the county auditor and accompanied by Proof of Certification of qualifying improvements obtained from the State Chemist. Direct written request for Proof of Certification along with drawings illustrating improvements complete with dimensions, height and thickness of walls, materials, tank locations, contents and capacities, in addition to documents to verify work done, i.e., statements and bills from contractors, builders, and suppliers, to:

**Office of Indiana State Chemist, Purdue University  
175 S. University St.  
West Lafayette, Indiana 467907-2063**

Attributed to improvements made concerning pesticide and fertilizer storage, to comply with 355 IAC 5 and / or 355 IAC 2.

CERTIFICATION STATEMENT	
STATE OF INDIANA	
SS:	
COUNTY OF _____	
I (We), _____ certify that I (we) own the following described property for which a deduction from assessed valuation is hereby claimed.	

PROPERTY DESCRIPTION		
Taxing District (city, town, township)	Township	Legal Description or Key Number
Address of Owner (number and street, city, state, and ZIP code)		
I (We) hereby certify that the above statement is true, correct, and complete.		
Signature of Owner		Date (month, day, year)

FOR AUDITOR'S USE ONLY	
1. Assessed valuation <b>AFTER</b> improvements made:	\$
2. MINUS: Assessed valuation at 100% of TTV <b>BEFORE</b> improvements made:	\$
3. DIFFERENCE: <b>INCREASE</b> in assessed valuation:	\$
4. Assessed valuation eligible for deduction:	\$
Signature of Auditor	Date (month, day, year)
I hereby verify that the above statements are true and correct.	Name of Assessing Official (please print name)
Title of Assessing Official	Signature of Assessing Official
	Date (month, day, year)

RECEIPT FOR STATEMENT OF DEDUCTION OF ASSESSED VALUATION Fertilizer and Pesticide Storage Improvement Deduction		
Name of Owner		
Description of Property in County	Legal Description or Key Number	
Signature of Auditor	Township	Date Filed (month, day, year)
Pursuant to IC 6-1.1-37-3, a person commits a Level 6 felony if the person makes and subscribes a property tax return, statement, or document (except a statement described in IC 6-1.1-37-4 or 5) that the person does not believe is correct in every material respect and the return, statement, or document is certified to as to the truth of the information appearing in it.		