STATE OF STA

COMPLIANCE WITH STATEMENT OF BENEFITS PERSONAL PROPERTY

PRIVACY NOTICE
This form contains confidential information pursuant to IC 6-1.1-35-9 and IC 6-1.1-12.1-5.6.

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State Form 51765 (R7 / 12-22)

Prescribed by the Department of Local Government Finance

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)
- This form must be filed with the Form 103-ERA Schedule of Deduction from Assessed Value between January 1 and May 15, unless a filing
 extension under IC 6-1.1-3.7 has been granted. A person who obtains a filing extension must file between January 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 form (CF-1).

SECTION 1 TAXPAYER INFORMATION										
Name of Taxpayer					County					
Address of Taxpayer (number and street, city, state, and ZIP code) DLGF Taxing District Number								er		
Name of Contact Person Telephone Number					Email Ad	Email Address				
SECTION 2	LOC	ATION AND D	DESCRIPTION	N OF PR	ROPER	TY				
Name of Designating Body				Resolution Number			Estimate	Estimated State Date (month, day, year)		
Location of Property			•				Actual St	Actual Start Date (month, day, year)		
	Description of new manufacturing equipment, new research and development equipment, new information technology equipment, or new logistical distribution equipment to be acquired. Estimated Completion Date (month, day, year)									
							Actual Co	ompletion Date <i>(mo</i>	nth, day, year)	
SECTION 3		EMPLOY	EES AND SA	LARIES						
EMPLOYEES AND S	SALARIES			AS E	STIMA	TED ON SB-1		ACTUAL		
Current Number of Employees										
Salaries										
Number of Employees Retained										
Salaries										
Number of Additional Employees										
Salaries										
SECTION 4		cos	T AND VALU	ES						
	MANUFACTURING RESEARCH & LOGIS' EQUIPMENT DEVELOPMENT EQUIPMENT				LOGISTICAL I					
AS ESTIMATED ON SB-1	COST	ASSESSED VALUE	соѕт		SSED LUE	COST	ASSESSEI VALUE	соѕт	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	соѕт	ASSESSED VALUE		COST	ASSESSEI VALUE	соѕт	ASSESSED VALUE	
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(c).										
SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER										
WASTE CONVERTE	O AND OTHER	R BENEFITS			AS	ESTIMATED (ON SB-1	ACTU	JAL	
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						th, day, year)	
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 confidentic SECTION 5 WASTE WASTE CONVERTED Amount of Solid Waste Converted Amount of Hazardous Waste Converted Other Benefits: SECTION 6 I hereby certify that the representations in	\$ COST \$ \$ \$ \$ al pursuant to leterate to the converted of the converted	\$ ASSESSED VALUE \$ \$ \$ \$ C 6-1.1-12.1-5. D AND OTHER BENEFITS	\$ COST \$ \$ \$ \$ 6(c). R BENEFITS	\$ ASSE VAL	SED B	\$ COST \$ \$ \$ \$ \$ \$ \$ Y THE TAXPA	\$ ASSESSEI VALUE \$ \$ \$ \$	\$ COST \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ ASSESSED VALUE \$ \$ \$ \$ JAL	

OPTIONAL: FOR USE BY A DESIGNATING BODY WHO ELECTS TO REVIEW THE COMPLIANCE WITH STATEMENT OF BENEFITS (FORM CF-1)

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

- 1. 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.
- 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, including 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 county assessor and the county auditor.
- 3. Based on the information presented at the hearing, the designating body shall determine whether or not the property owner has made a reasonable effort to substantially comply with the Statement of Benefits 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 a reasonable effort to comply, 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 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)						
Reaso	ns for the Determination (attach additional sheets if necessary)						
Signa	ure of Authorized Member			Date Signed (month, day, year)			
Attest	d By	Designa	ating Body				
If the	property owner is found not to be in substantial compliance, the	e property owner	shall receive the opportunity fo	r a hearing. The following date and			
	has been set aside for the purpose of considering compliance.						
Time	of Hearing AM Date of Hearing (month	th, day, year)	Location of Hearing				
	☐ PM						
	HEARING RESULT	S (to be comple	ted after the hearing)				
	☐ Approved ☐ Denied (see Instruction 5 above)						
Reasons for the Determination (attach additional sheets if necessary)							
Signa	ure of Authorized Member			Date Signed (month, day, year)			
Attest	ed By	Designa	ating 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 clerk 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.							