



SINGLE RETURN - BUSINESS TANGIBLE PERSONAL PROPERTY

State Form 53854 (R9 / 10-17)

Prescribed by the Department of Local Government Finance

FORM 103-SR

January 1, 2018

For assessor's use only

PRIVACY NOTICE

This form contains information confidential pursuant to IC 6-1.1-35-9.

NOTE: For taxpayers with less than \$20,000 cost to report within the county, legislation was passed in 2015 which exempts this property. If you are declaring this exemption, check this box, enter the total acquisition cost of your personal property in the county, and complete only sections I and IV of this form. If you are declaring this exemption through this form, you do not need to file a Form 104-SR.

\$ _____

RETURN THIS FORM TO THE APPLICABLE ASSESSOR BY MAY 15, 2018.

An exemption granted under IC 6-1.1-10 or any other statute supersedes this exemption. In other words, a taxpayer whose personal property is exempt because the taxpayer applied for and was granted an exemption by the county must follow all applicable procedures for the approved exemption, which may include fully completing the personal property return.

SECTION I

Name of taxpayer	
Name to which assessment and tax notice are to be mailed	County
Address to which assessment and tax notice are to be mailed (number and street, city, state, and ZIP code)	Federal Identification Number **
Nature of business	NAICS code number *

SECTION II

1. Federal income tax year ends	2. Name under which federal return is filed	3. Location of accounting records
4. Form of business <input type="checkbox"/> Partnership or Joint Venture <input type="checkbox"/> Estate or Trust	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other (describe) _____	<input type="checkbox"/> Corporation
5. Did you own, hold, possess, or control any leased, rented, or other depreciable personal property on January 1? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, file Form 103-N or Form 103-O (see 50 IAC 4.2-8-3 and 4). Failure to properly disclose lease information may result in a double assessment.

SECTION III

LOCATION SUMMARY: List each location where you own, hold, possess or control personal property subject to assessment. Include the complete address (street address) for each location. Assign a location number to each separate location. Attach additional sheets if necessary. Additional locations Page _____ of _____

LOCATION NUMBER	TOWNSHIP	DLGF TAXING DISTRICT NUMBER	NAME UNDER WHICH BUSINESS IS CONDUCTED (if different than above) AND SPECIFIC STREET ADDRESS (number and street, city, state, and ZIP code)

SUMMARY (Round all numbers to nearest ten dollars.)		LOCATION NUMBER	LOCATION NUMBER	LOCATION NUMBER
SCHEDULE A - PERSONAL PROPERTY	+	\$	\$	\$
FINAL ASSESSED VALUE	=	\$	\$	\$
SUMMARY (Round all numbers to nearest ten dollars.)		LOCATION NUMBER	LOCATION NUMBER	LOCATION NUMBER
SCHEDULE A - PERSONAL PROPERTY	+	\$	\$	\$
FINAL ASSESSED VALUE	=	\$	\$	\$

* NAICS - North American Industry Classification System - A complete list of codes may be found at www.census.gov. For further information, contact the Assessor (contact information is available at <http://www.in.gov/dlgi/2440.htm>).

** An individual using his/her Social Security Number as the Federal Identification Number is only required to provide the last four (4) digits of that number. IC 4-1-10-3

SECTION IV SIGNATURE AND VERIFICATION

Under penalties of perjury, I hereby certify that this return (including accompanying schedules and statements), to the best of my knowledge and belief, is true, correct and complete; reports all tangible personal property subject to taxation, owned, held, possessed or controlled by the named taxpayer in the stated township or taxing district on the assessment date of this return, as required by law; and is prepared in accordance with IC 6-1.1 et seq., as amended, and regulations promulgated with respect thereto.

Signature of authorized person	Date (month, day, year)	
Printed name of authorized person	Title	Telephone number ()
Signature of person preparing return, if different than authorized person	Name and contact information of preparer	

SCHEDULE A FOR FORM 103-SR

JANUARY 1, 2018

Part of State Form 53854 (R9 / 10-17)

INSTRUCTIONS: PLEASE TYPE or PRINT.

- This form must be filed with the County Assessor of the county in which the property is located not later than May 15, 2018 unless an extension is granted in writing. Contact information for the Assessor is available at <http://www.in.gov/dlgf/2440.htm>.
- This form is for use by taxpayers who have personal property in more than one (1) township in a county.
- If you are claiming any special adjustments such as equipment not placed in service, special tooling, permanently retired equipment, abnormal obsolescence, economic revitalization, or other deductions, file the Form 103 Long.
- Assign a location number to each separate location within a county.
- If more than one page is necessary, attach additional forms and indicate you have done so on the front of the Form 103-SR.
- A Form 104-SR must be filed with this return unless the exemption is claimed.

NOTE: The location numbers shown below must correspond with the locations and location numbers shown on the front of this form (Form 103-SR) and on the reverse side of Form 104-SR.

The County Assessor may refuse to accept a single personal property tax return that does not have attached to it a schedule listing, by township, all the personal property of the taxpayer and the assessed value of the property for each taxing district as required. [IC 6-1.1-3-7(e)]

DEPRECIABLE PERSONAL PROPERTY								
LOCATION NUMBER ▶			#	#	#			
TAXING DISTRICT NUMBER ▶			#	#	#			
LINE	YEAR OF ACQUISITION	TTV%	COLUMN A TOTAL COST	COLUMN B TTV	COLUMN A TOTAL COST	COLUMN B TTV	COLUMN A TOTAL COST	COLUMN B TTV
1	1-2-17 To 1-1-18	40%						
2	1-2-16 To 1-1-17	60%						
3	3-2-15 To 1-1-16	55%						
4	3-2-14 To 3-1-15	45%						
5	3-2-13 To 3-1-14	37%						
6	3-2-12 To 3-1-13	30%						
7	3-2-11 To 3-1-12	25%						
8	3-2-10 To 3-1-11	20%						
9	3-2-09 To 3-1-10	16%						
10	3-2-08 To 3-1-09	12%						
11	Prior To 3-2-08	10%						
12	TOTALS							
13	30% of line 12, Column A							
Line 14 must be the greater of Line 12, Column B or Line 13 [see 50 IAC 4.2-4-9]								
14	Total True Tax Value (TTV) of Depreciable Personal Property (to Summary on Form 103-SR)							

DEPRECIABLE PERSONAL PROPERTY								
LOCATION NUMBER ▶			#	#	#			
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LINE	YEAR OF ACQUISITION	TTV%	COLUMN A TOTAL COST	COLUMN B TTV	COLUMN A TOTAL COST	COLUMN B TTV	COLUMN A TOTAL COST	COLUMN B TTV
1	1-2-17 To 1-1-18	40%						
2	1-2-16 To 1-1-17	60%						
3	3-2-15 To 1-1-16	55%						
4	3-2-14 To 3-1-15	45%						
5	3-2-13 To 3-1-14	37%						
6	3-2-12 To 3-1-13	30%						
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8	3-2-10 To 3-1-11	20%						
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12	TOTALS							
13	30% of line 12, Column A							
Line 14 must be the greater of Line 12, Column B or Line 13 [see 50 IAC 4.2-4-9]								
14	Total True Tax Value (TTV) of Depreciable Personal Property (to Summary on Form 103-SR)							