

State Form 54182 (R5 / 1-23)

Prescribed by the Department of Local Government Finance

## **FORM 103-IT**

**PRIVACY NOTICE** This form contains confidential information pursuant to IC 6-1.1-35-9. JANUARY 1, \_

For Assessor's Use Only

## INSTRUCTIONS:

- 1. In order to qualify for this exemption, entities must meet the requirements outlined in IC 6-1.1-10-44.
- Qualifying equipment is defined in IC 6-1.1-10-44(c) and the definition does not include computer hardware designed for single user, workstation, or department level use.
  Entities should attach this form to the Form 103-Long and file it with the proper assessing official by May 15 or the extended due date.

SECTION 1	ECTION 1 TAXPAYER INFORMATION				
Name of Taxpayer					
Address of Taxpayer (number a	nd street, city, sta	te, and ZIP code)			
Name of Contact Person			Telephone Number	Email Address	
SECTION 2		LOCATION AND DESC	RIPTION OF PROPERTY		
Name of Designating Body				Resolution Number	
Location of Property (number ar	nd street, city, stat	e, and ZIP code)	County	DLGF Taxing District Number	
Date of Acquisition (month, day, year)	Tax Life	General Description of Qualifying Equipment		Cost	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
TOTAL COST AS SHOWN ON LINE 6, SCHEDULE A, FORM 103				\$	
total cost of all personal p	property claimed	y certify that this return, to the best I by the taxpayer to be exempt fron	of my knowledge and belief, is true, con n assessment and taxation pursuant to	rrect, complete, and reports the IC 6-1.1-10-44.	
Signature of Authorized Person Title				Date (month, day, year)	
Signature of Person Preparing F	Return		.1	-	