



**STATEMENT FOR DEDUCTION OF ASSESSED VALUATION**  
**(Attributed to Solar Energy System or Solar, Wind, Geothermal, or Hydroelectric Power Device)**

FORM SES / WPD

State Form 18865 (R13 / 9-24)  
 Prescribed by the Department of Local Government Finance

- INSTRUCTIONS:** To be filed in person or by mail by the owner of such property with the county auditor of the county where the property is located. A person who is no longer eligible for this deduction shall notify the county auditor of this change. (IC 6-1.1-12-36)
- FILING DATES:**
- (1) Must be completed, dated, and filed or postmarked on or before January 15 of the calendar year in which the property taxes are first due and payable.
  - (2) State Distributable Property under IC 6-1.1-8 (solar powered device only): Must be completed, dated, and filed on or before January 15 of the calendar year in which the property taxes are first due and payable.
  - (3) Personal Property under IC 6-1.1-3 (solar powered device only): Must be completed, dated, and filed on or before January 15 of the calendar year in which the property taxes are first due and payable. In addition to filing this form for the deduction, an applicant must also attach a Form 103-SPD to either the applicant's personal property tax return or amended personal property tax return for each year the deduction is desired.  
 (IC 6-1.1-12-26; 6-1.1-12-26.1; 6-1.1-12-27.1; 6-1.1-12-29; 6-1.1-12-30; 6-1.01-12-33; 6-1.1-12-34; 6-1.1-12-35.5; 6-1.1-12-36)

All claims for a deduction filed on a geothermal or hydroelectric system or device must be accompanied by proof of certification of qualification by the Department of Environmental Management pursuant to IC 6-1.1-12-35.5.

CERTIFICATION STATEMENT	
I (We), _____ certify that I (we) own or am (are) buying on contract or am (are) leasing the real property from the real property owner the following real property, mobile/manufactured home, state distributable property, or personal property that is subject to assessment and property taxation and for which a:	
<input type="checkbox"/> Solar Energy Heating or Cooling System <input type="checkbox"/> Wind Power Device <input type="checkbox"/> Geothermal Device <input type="checkbox"/> Hydroelectric Device	
Solar Power Device*: <input type="checkbox"/> Real <input type="checkbox"/> Mobile/Manufactured Home <input type="checkbox"/> State Distributable <input type="checkbox"/> Personal Property	
*Applies to a solar power device installed after December 31, 2011.	
deduction from assessed valuation is hereby claimed in _____ County.	
Date System/Device was Installed (month, day, year)	Total Deduction claimed \$ _____

PROPERTY DESCRIPTION		
Taxing District (city, town, township)	Township	Legal Description or Key Number
If a deduction was allowed last year, have there been any changes in the property? <input type="checkbox"/> Yes <input type="checkbox"/> No		Parcel 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	Date (month, day, year)

FOR AUDITOR'S USE ONLY		Assessment Date First Effective 20____ Payable 20____
1 Total assessed value of real property or mobile / manufactured home including qualifying device / system.		\$ _____
2(a) For wind; geothermal; hydroelectric; real property or mobile / manufactured home with a solar powered device: Enter the assessed valuation without the qualifying device / system.		\$ _____
2(b) For solar energy system only: Out-of-pocket expenditures for components and installation labor.		\$ _____
2(c) For personal property solar power device deduction: Enter amount calculated on Form 103-SPD.		\$ _____
2(d) For state distributable solar power device deduction: Enter assessed value of qualifying equipment.		\$ _____
3 Deduction: Line 1 minus Line 2(a); or enter the actual amount shown on Line 2(b), 2(c), or 2(d).		\$ _____

VERIFICATION BY ASSESSING OFFICIAL		
Is property recommended for deduction? <input type="checkbox"/> Yes <input type="checkbox"/> No	Recommended Deduction	Comments, if any:
Signature of Assessing Official	Printed Name of Assessing Official	Date Signed (month, day, year)

FINAL DETERMINATION OF COUNTY AUDITOR		
Deduction determined by county auditor for assessment date of _____, 20____ payable in 20____.		Approved Deduction \$ _____
Signature of County Auditor	Printed Name of County Auditor	Date Signed (month, day, year)
Description or Reasons for Change:		