Reset Form

EQUIPMENT LIST FOR NEW ADDITIONS TO ERA DEDUCTION PERSONAL PROPERTY IN ECONOMIC REVITALIZATION AREA

State Form 52515 (R2 / 11-15)
Prescribed by the Department of Local Government Finance

JANUARY 1, 20____

FORM 103-EL

PRIVACY NOTICE
The records in this series are confidential according to IC 6-1.1-35-9.

INSTRUCTIONS:

1. *This schedule must be filed when any new manufacturing, research and development, logistical distribution and/or information technology equipment that is claimed on the schedule of deduction from assessed valuation (Form 103-ERA) has been installed after the prior year assessment date.*
2. *A separate list must be completed for EACH APPROVED abatement (Form SB-1 / PP). The equipment list is attached to the corresponding Form 103-ERA and made part of the Business Personal Property Return (103 Long) filed with the Assessor not later than May 15 of each year unless an extension of up to thirty (30) days is granted in writing.*
3. *A taxpayer's internal list may be attached to this form. Any data omitted from that taxpayer format must be added here, using the Reference Number Column to cross reference to the taxpayer formatted list.*
4. *The purpose column is to describe the item in sufficient detail to assist the Assessing Official to determine that the item is eligible for abatement as equipment as defined in IC 6-1.1-12.1-1. An entry may be left blank if the item name is self-describing.*

SECTION 1 TAXPAYER INFORMATION

Name of taxpayer	Name of contact person	
Address of taxpayer *(number and street, city, state and ZIP code)*		Telephone number ( )
County	Township	DLGF taxing district number

SECTION 2 ECONOMIC REVITALIZATION AREA INFORMATION

Name of body designating the Economic Revitalization Area	Resolution number	Length of abatement *(years)*

SECTION 3 ABATED EQUIPMENT LIST

REFRENCE NUMBER[3]	INSTALLATION DATE	ITEM	PURPOSE[4]	COST PER 50 IAC 4.2	POOL LINE NUMBER	ASSESSOR USE ONLY

☐ Check if additional Forms 103-EL are attached for this abatement (103-ERA). This is Equipment List ____of _____.

☐ Check if taxpayer's internal list is attached.