## COMPLIANCE WITH STATEMENT OF BENEFITS PERSONAL PROPERTY

State Form 51765 (R4 / 11-16)
Prescribed by the Department of Local Government Finance

FORM CF-1 / PP

PRIVACY NOTICE

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

## **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)
- 2. This form must be filed with the Form 103-ERA Schedule of Deduction from Assessed Value between January 1 and May 15 of each year, 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.

Name of taxpayer (number and street, city, state, and ZIP code)  Address of taxpayer (number and street, city, state, and ZIP code)  Name of contact person  Total phone number  ()  SECTION 2  LOCATION AND DESCRIPTION OF PROPERTY  Name of designating body  Resolution number  Estimated start date (month, day, year)  Location of property  Actual start date (month, day, year)  Description of now nanufacturing exciprent, or new resourch and development equipment, or new information technology equipment, or new logistical distribution equipment to be acquired.  SECTION 3  EMPLOYEES AND SALARIES  EMPLOYEES AND SALARIES  Salaries  Number of employees retained  Salaries  Number of employees retained  Salaries  SECTION 8  COST AND VALUES  SECTION 8  COST AND VALUES  SECTION 9  AS ESTIMATED ON SB-1  COST AND VALUE  SECTION 9  ASSESSED  COST ASSE	3. With the approval of the des			information fo	or multiple proje	cts may be	consolidated on	one (1) com	oliance (CF-1).			
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## OPTIONAL: FOR USE BY A DESIGNATING BODY WHO ELECTS TO REVIEW THE COMPLIANCE WITH STATEMENT OF BENEFITS (FORM CF-1) THAT WAS APPROVED AFTER JUNE 30, 1991.

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

- 1. This page does not apply to a Statement of Benefits filed before July 1, 1991; that deduction may not be terminated for a failure to comply with the Statement of Benefits.
- 2. 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.
- 3. 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 and 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.
- 4. Based on the information presented at the hearing, the designating body shall determine whether or not the property owner has made 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.
- 5. If the designating body determines that the property owner has **NOT** made reasonable effort to comply, then 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 su	bstantial compliance			
the property owner IS NOT	in substantial compliance			
other (specify)				
Reasons for the determination (attach	additional sheets if necessary)			
Signature of authorized member				Date signed (month, day, year)
Attested by:			Designating body	
	not to be in substantial compliance purpose of considering complian		ty owner shall receive the opp	ortunity for a hearing. The following date and
Time of hearing AM	Date of hearing (month, day, year)	Location of	hearing	
	HEARING RESU	LTS (to be	completed after the hearing)	
	Approved		Denied (see instruction 5	above)
Reasons for the determination (attach	additional sheets if necessary)			
Signature of authorized member				Date signed (month, day, year)
Attested by:			Designating body	
	APPEA	L RIGHTS [	IC 6-1.1-12.1-5.9(e)]	
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