

CONFIDENTIAL



COMPLIANCE WITH STATEMENT OF BENEFITS PERSONAL PROPERTY

State Form 51765 (R7 / 12-22)

Prescribed by the Department of Local Government Finance

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

FORM CF-1 / PP

2023 Pay 20 24

FILED

MAY 09 2023

CITY CLERK

- 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, 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. 3. With the approval of the designating body, compliance information for multiple projects may be consolidated on one (1) compliance form (CF-1).

SECTION 1 TAXPAYER INFORMATION

Name of Taxpayer: Harrison Manufacturing, Inc. County: Vigo. Address: 4141 2nd Parkway Terre Haute, IN 47804. DLGF Taxing District Number: 84002. Name of Contact Person: Jenny Mears. Telephone Number: (317) 376-1298. Email Address: jenny@mearsmachine.com

SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY

Name of Designating Body: Common Council of the City of Terre Haute. Resolution Number: 27, 2015. Estimated State Date: 10/15/2015. Location of Property: 4141 2nd Parkway Terre Haute, IN 47804. Actual Start Date: (blank). Description of new manufacturing equipment, new research and development equipment, new information technology equipment, or new logistical distribution equipment to be acquired. Estimated Completion Date: (blank). Actual Completion Date: (blank).

SECTION 3 EMPLOYEES AND SALARIES

Table with 3 columns: EMPLOYEES AND SALARIES, AS ESTIMATED ON SB-1, ACTUAL. Rows include Current Number of Employees (7, 11), Salaries (416,000, 550,930), Number of Employees Retained (7, 11), Salaries (416,000, 550,930), Number of Additional Employees (11, 0), Salaries (457,600, 0).

SECTION 4 COST AND VALUES

Table with 9 columns: AS ESTIMATED ON SB-1, MANUFACTURING EQUIPMENT (COST, ASSESSED VALUE), RESEARCH & DEVELOPMENT EQUIPMENT (COST, ASSESSED VALUE), LOGISTICAL DISTRIBUTION EQUIPMENT (COST, ASSESSED VALUE), IT EQUIPMENT (COST, ASSESSED VALUE). Rows include Values Before Project, Plus: Values of Proposed Project, Less: Values of Any Property Being Replaced, Net Values Upon Completion of Project for both AS ESTIMATED and ACTUAL.

NOTE: The COST of the property is confidential pursuant to IC 6-1.1-12.1-5.6(c)

SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER

Table with 3 columns: WASTE CONVERTED AND OTHER BENEFITS, AS ESTIMATED ON SB-1, ACTUAL. Rows include Amount of Solid Waste Converted, Amount of Hazardous Waste Converted, Other Benefits.

SECTION 6 TAXPAYER CERTIFICATION

I hereby certify that the representations in this statement are true. Signature of Authorized Representative: X Jenny Mears. Title: X EX. V. P. Date Signed: X 5/5/23

# CONFIDENTIAL

## OPTIONAL: FOR USE BY A DESIGNATING BODY WHO ELECTS TO REVIEW THE COMPLIANCE WITH STATEMENT OF BENEFITS (FORM CF-1)

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

1. 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.
2. 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, including 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.
3. Based on the information presented at the hearing, the designating body shall determine whether or not the property owner has made a 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.
4. If the designating body determines that the property owner has **NOT** made a reasonable effort to comply, 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 substantial 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

If the property owner is found not to be in substantial compliance, the property owner shall receive the opportunity for a hearing. The following date and time has been set aside for the purpose of considering compliance.

Time of Hearing

AM

Date of Hearing (month, day, year)

Location of Hearing

PM

### HEARING RESULTS (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

### APPEAL RIGHTS [IC 6-1.1-12.1-5.9(e)]

A property owner whose deduction is denied by the designating body may appeal the designating body's decision by filing a complaint in the office of the clerk of the Circuit or Superior Court together with a bond conditioned to pay the costs of the appeal if the appeal is determined against the property owner.



# STATEMENT OF BENEFITS PERSONAL PROPERTY

State Form 51764 (R4 / 11-15)  
Prescribed by the Department of Local Government Finance

FORM SB-1 / PP

### PRIVACY NOTICE

Any information concerning the cost of the property and specific salaries paid to individual employees by the property owner is confidential per IC 6-1.1-12.1-5.1.

#### INSTRUCTIONS:

- This statement must be submitted to the body designating the Economic Revitalization Area prior to the public hearing if the designating body requires information from the applicant in making its decision about whether to designate an Economic Revitalization Area. Otherwise this statement must be to the designating body BEFORE a person installs the new manufacturing equipment and/or research and development equipment, and/or logistical distribution equipment and/or information technology equipment for which the person wishes to claim a deduction.
- The statement of benefits form must be submitted to the designating body and the area designated an economic revitalization area before the installation of qualifying abatable equipment for which the person desires to claim a deduction.
- To obtain a deduction, a person must file a certified deduction schedule with the person's personal property return on a certified deduction schedule (Form 103-ERA) with the township assessor of the township where the property is situated or with the county assessor if there is no township assessor for the township. The 103-ERA must be filed between January 1 and May 15 of the assessment year in which new manufacturing equipment and/or research and development equipment and/or logistical distribution equipment and/or information technology equipment is installed and fully functional, unless a filing extension has been obtained. A person who obtains a filing extension must file the form between January 1 and the extended due date of that year.
- Property owners whose Statement of Benefits was approved, must submit Form CF-1/PP annually to show compliance with the Statement of Benefits. (IC 6-1.1-12.1-5.6)
- For a Form SB-1/PP that is approved after June 30, 2013, the designating body is required to establish an abatement schedule for each deduction allowed. For a Form SB-1/PP that is approved prior to July 1, 2013, the abatement schedule approved by the designating body remains in effect. (IC 6-1.1-12.1-17)

### SECTION 1 TAXPAYER INFORMATION

Name of taxpayer HARRISON MANUFACTURING INCORPORATED	Name of contact person JENNY MEARS
Address of taxpayer (street and number, city, state, ZIP code) 4141 2ND PARKWAY TERRE HAUTE IN 47804	Telephone number 317-376-1298

### SECTION 2 LOCATION AND DESCRIPTION OF PROPOSED PROJECT

Name of designating body COUNCIL OF THE CITY OF TERRE HAUTE	Resolution number (s) 27
Location of property 4141 2ND PARKWAY TERRE HAUTE IN 47804	County Vigo
Description of manufacturing equipment and/or research and development equipment and/or logistical distribution equipment and/or information technology equipment (Use additional sheets if necessary)  NEW MACHINERY AND EQUIPMENT WITH AN ESTIMATED COST OF \$732,759.00 TO EXPAND CAPACITY OF EXISTING PRODUCT LINES TO MEET MARKET DEMANDS.	DLFG taxing district number 84002
	ESTIMATED
	Start Date      Completion Date
	Manufacturing Equipment    10/15/2015    12/15/2015
	R & D Equipment                /   /                /   /
Logist Dist Equipment *       /   /                /   /	
IT Equipment *                    /   /                /   /	

### SECTION 3 ESTIMATE OF EMPLOYEES AND SALARIES AS RESULT OF PROPOSED PROJECT

Current number	Salaries	Number retained	Salaries	Number additional	Salaries
7	416,000	7	416,000	11	457,600

### SECTION 4 ESTIMATED TOTAL COST AND VALUE OF PROPOSED PROJECT

NOTE: Pursuant to IC 6-1.1-12.1-5.1 (d) (2) the COST of the property is confidential.	MANUFACTURING EQUIPMENT		R & D EQUIPMENT		LOGIST DIST EQUIPMENT		IT EQUIPMENT	
	Cost	Assessed Value	Cost	Assessed Value	Cost	Assessed Value	Cost	Assessed Value
Current values		293,104						
Plus estimated values of proposed project								
Less values of any property being replaced								
Net estimated values upon completion of project		293,104						

### SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER

Estimated solid waste converted (pounds) _____	Estimated hazardous waste converted (pounds) _____
Other benefits:	

### SECTION 6 TAXPAYER CERTIFICATION

I hereby certify that the representations in this statement are true.

Signature of authorized representative	Date signed (month, day, year) 05/16/2016
Printed name of authorized representative	Title

**FOR USE OF THE DESIGNATING BODY**

We have reviewed our prior actions relating to the designation of this economic revitalization area and find that the applicant meets the general standards adopted in the resolution previously approved by this body. Said resolution, passed under IC 6-1.1-12.1-2.5, provides for the following limitations as authorized under IC 6-1.1-12.1-2.

A. The designated area has been limited to a period of time not to exceed 9 calendar years \* (see below). The date this designation expires is \_\_\_\_\_ .NOTE: This question addresses whether the resolution contains an expiration date for the designated area.

- B. The type of deduction that is allowed in the designated area is limited to:
- |  |   |  |
|--|---|--|
| 1. Installation of new manufacturing equipment;            | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| 2. Installation of new research and development equipment; | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| 3. Installation of new logistical distribution equipment.  | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| 4. Installation of new information technology equipment;   | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |

C. The amount of deduction applicable to new manufacturing equipment is limited to \$ \_\_\_\_\_ cost with an assessed value of \$ \_\_\_\_\_. (One or both lines may be filled out to establish a limit, if desired.)

D. The amount of deduction applicable to new research and development equipment is limited to \$ \_\_\_\_\_ cost with an assessed value of \$ \_\_\_\_\_. (One or both lines may be filled out to establish a limit, if desired.)

E. The amount of deduction applicable to new logistical distribution equipment is limited to \$ \_\_\_\_\_ cost with an assessed value of \$ \_\_\_\_\_. (One or both lines may be filled out to establish a limit, if desired.)

F. The amount of deduction applicable to new information technology equipment is limited to \$ \_\_\_\_\_ cost with an assessed value of \$ \_\_\_\_\_. (One or both lines may be filled out to establish a limit, if desired.)

G. Other limitations or conditions (specify) \_\_\_\_\_

H. The deduction for new manufacturing equipment and/or new research and development equipment and/or new logistical distribution equipment and/or new information technology equipment installed and first claimed eligible for deduction is allowed for:

- |                                 |                                 |                                 |                                 |                                  |   |
|---------------------------------|---------------------------------|---------------------------------|---------------------------------|----------------------------------|---|
| <input type="checkbox"/> Year 1 | <input type="checkbox"/> Year 2 | <input type="checkbox"/> Year 3 | <input type="checkbox"/> Year 4 | <input type="checkbox"/> Year 5  | <input type="checkbox"/> Enhanced Abatement per IC 6-1.1-12.1-18      |
| <input type="checkbox"/> Year 6 | <input type="checkbox"/> Year 7 | <input type="checkbox"/> Year 8 | <input type="checkbox"/> Year 9 | <input type="checkbox"/> Year 10 | Number of years approved: _____                                       |
|                                 |                                 |                                 |                                 |                                  | (Enter one to twenty (1-20) years; may not exceed twenty (20) years.) |

I. For a Statement of Benefits approved after June 30, 2013, did this designating body adopt an abatement schedule per IC 6-1.1-12.1-17?  Yes  No  
If yes, attach a copy of the abatement schedule to this form.  
If no, the designating body is required to establish an abatement schedule before the deduction can be determined.

Also we have reviewed the information contained in the statement of benefits and find that the estimates and expectations are reasonable and have determined that the totality of benefits is sufficient to justify the deduction described above.

Approved: (signature and title of authorized member of designating body)	Telephone number	Date signed (month, day, year)
Printed name of authorized member of designating body	Name of designating body	
Attested by: (signature and title of attester)	Printed name of attester	
* If the designating body limits the time period during which an area is an economic revitalization area, it does not limit the length of time a taxpayer is entitled to receive a deduction to a number of years designated under IC 6-1.1-12.1-4,5		

**IC 6-1.1-12.1-17**

**Abatement schedules**

Sec. 17. (a) A designating body may provide to a business that is established in or relocated to a revitalization area and that receives a deduction under section 4 or 4.5 of this chapter an abatement schedule based on the following factors:

- (1) The total amount of the taxpayer's investment in real and personal property.
- (2) The number of new full-time equivalent jobs created.
- (3) The average wage of the new employees compared to the state minimum wage.
- (4) The infrastructure requirements for the taxpayer's investment.

(b) This subsection applies to a statement of benefits approved after June 30, 2013. A designating body shall establish an abatement schedule for each deduction allowed under this chapter. An abatement schedule must specify the percentage amount of the deduction for each year of the deduction. An abatement schedule may not exceed ten (10) years.

(c) An abatement schedule approved for a particular taxpayer before July 1, 2013, remains in effect until the abatement schedule expires under the terms of the resolution approving the taxpayer's statement of benefits.