



FILED
COMPLIANCE WITH STATEMENT OF BENEFITS
PERSONAL PROPERTY

JUN 17 2024

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

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CITY CLERK

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- INSTRUCTIONS:**
1. Property owners whose Statement of Benefits was an error 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 Ampacet Corporation		County Vigo
Address of Taxpayer (number and street, city, state, and ZIP code) 3701 N. Fruitridge Ave., Terre Haute, IN 47804		DLGF Taxing District Number 84002
Name of Contact Person James A. Lansch	Telephone Number (914) 333-6600	Email Address james.lansch@ampacet.com

SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY

Name of Designating Body Common Council of the City of Terre Haute	Resolution Number 5, 2017	Estimated State Date (month, day, year) 08/01/2017
Location of Property 3701 N. Fruitridge Ave., Terre Haute, IN 47805		Actual Start Date (month, day, year) 02/28/2017
Description of new manufacturing equipment, new research and development equipment, new information technology equipment, or new logistical distribution equipment to be acquired. NEW ADDITIVES PRODUCTION LINE (LEISTRITZ 50MM TWIN SCREW EXTRUDER, GALA PELLETIZER AND DRYER) TOTALING \$3,800,000		Estimated Completion Date (month, day, year) 12/01/2017
		Actual Completion Date (month, day, year) 12/01/2018

SECTION 3 EMPLOYEES AND SALARIES

EMPLOYEES AND SALARIES	AS ESTIMATED ON SB-1	ACTUAL
Current Number of Employees	181	154
Salaries	10,737,000	11,319,938
Number of Employees Retained	181	154
Salaries	10,737,000	11,319,938
Number of Additional Employees	6	
Salaries	300,000	582,938

SECTION 4 COST AND VALUES

	MANUFACTURING EQUIPMENT		RESEARCH & DEVELOPMENT EQUIPMENT		LOGISTICAL DISTRIBUTION EQUIPMENT		IT EQUIPMENT	
	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE
AS ESTIMATED ON SB-1								
Values Before Project		\$ 4,615,000						
Plus: Values of Proposed Project		\$ 1,520,000						
Less: Values of Any Property Being Replaced								
Net Values Upon Completion of Project		\$ 6,135,000						
ACTUAL								
Values Before Project		\$ 4,442,949						
Plus: Values of Proposed Project		\$ 1,209,866						
Less: Values of Any Property Being Replaced								
Net Values Upon Completion of Project		\$ 5,652,815						

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

WASTE CONVERTED AND OTHER BENEFITS	AS ESTIMATED ON SB-1	ACTUAL
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 	Title CFO	Date Signed (month, day, year) 6/12/2024
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**STATEMENT OF BENEFITS
PERSONAL PROPERTY**

State Form 61764 (R4 / 11-16)
Prescribed by the Department of Local Government Finance

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FORM 6B-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 6-1.1-12.1-6.1.

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 submitted 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 eligible 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 6-1.1-12.1-6.6)
- For a Form 6B-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 6B-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 Ampacet Corporation		Name of contact person James A. Lansch, Esq.						
Address of taxpayer (number and street, city, state, and ZIP code) 660 White Plains Road, Tarrytown, NY 10591		Telephone number (914) 631-6600						
SECTION 2		LOCATION AND DESCRIPTION OF PROPOSED PROJECT						
Name of designating body Terre Haute City Council		Rescission number (4)						
Location of property 3701 North Fruittidge Avenue, Terre Haute, IN 47804		County Vigo		DLGF taxing district number				
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.) Considering adding a new additives production line (Lalstritz 50MM twin screw extruder, Gela pelletizer and dryer) totaling \$3,800,000. This is expected to create up to six new jobs.		ESTIMATED						
				START DATE	COMPLETION DATE			
		Manufacturing Equipment		08/01/2017	12/01/2017			
		R & D Equipment						
		Logist Dist Equipment						
IT Equipment								
SECTION 3		ESTIMATE OF EMPLOYEES AND SALARIES AS RESULT OF PROPOSED PROJECT						
Current number 181	Salaries 10,737,000	Number retained 181	Salaries 10,737,000	Number additional 6	Salaries 300,000			
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	
	Current values		4,616,000					
	Plus estimated values of proposed project		1,620,000					
	Less values of any property being replaced							
Net estimated values upon completion of project		6,136,000						
SECTION 5		WASTE CONVERTED AND OTHER BENEFITS PROVIDED BY THE TAXPAYER						
Estimated solid waste converted (pounds) _____		Estimated hazardous waste converted (pounds) _____						
Other benefits Will maintain Ampacet's position in the community as an important employer and allow Ampacet to remain competitive and maintain these manufacturing positions well into the future.								
SECTION 6		TAXPAYER CERTIFICATION						
I hereby certify that the representations in this statement are true.								
Signature of authorized representative 				Date signed (month, day, year) 02/23/2017				
Printed name of authorized representative James A. Lansch, Esq.				Title Director of Tax and Legal Affairs				

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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 _____ 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 type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Enhanced Abatement per IC 6-1.1-12.1-18 |
| 2. Installation of new research and development equipment; | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <i>Check box if an enhanced abatement was approved for one or more of these types.</i> |
| 3. Installation of new logistical distribution equipment; | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 4. Installation of new information technology equipment; | <input type="checkbox"/> Yes | <input 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
Number of years approved: _____
<i>(Enter one to twenty (1-20) years; may not exceed twenty (20) years.)</i> |
| <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 | |
- 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 by: (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, that limitation does not limit the length of time a taxpayer is entitled to receive a deduction to a number of years that is less than the number of years designated under IC 6-1.1-12.1-17.		

IC 6-1.1-12.1-17

Abatement schedules

Sec. 17. (e) 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 4.6 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.

VIA FACSIMILE (812)-462-3273

February 14, 2024

Ms. Christina Patterson
Harrison Township Assessor
167 Oak Street
Terre Haute, IN 47807

RE: Ampacet Corporation – 13-2546877
30 Day Extension
Business Tangible Personal Property Assessment Return

Dear Ms. Patterson:


We are requesting a thirty (30) day extension in order to file our Indiana Business Tangible Personal Property Assessment Return. Thus the extended due date would be Monday, June 17, 2024.

We are requiring this extension as more information is needed in order to file a complete and accurate return. To the degree that this return can be filed prior to June 17, 2024, we will make every effort to do so.

Should you accept this extension request, please sign below and fax a signed copy to my attention at (914) 631-7197 or email to Christopher.garcia@ampacet.com.

Should you have any questions, please contact me at (914) 332-7389.

Regards,



Chris Garcia
Tax Accountant

ACCEPTED AND AGREED TO:



Christina Patterson
Harrison Township Assessor