

FILED



COMPLIANCE WITH STATEMENT OF BENEFITS PERSONAL PROPERTY

MAY 19 2025

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

2025 Pay 2026

CITY CLERK

CONFIDENTIAL

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 Fitesa Indiana LLC						County Vigo			
Address of Taxpayer (number and street, city, state, and ZIP code) 3400-A Fort Harrison Road, Terre Haute, Indiana 47804						DLGF Taxing District Number 84-002			
Name of Contact Person Kimberly Broadway				Telephone Number (864) 967-6009		Email Address kbroadway@fitesa.com			
SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY									
Name of Designating Body Common Council of the City of Terre Haute, IN				Resolution Number		Estimated State Date (month, day, year) 6/1/2021			
Location of Property 3400-A Fort Harrison Road, Terre Haute, Indiana 47804						Actual Start Date (month, day, year) 6/1/2021			
Description of new manufacturing equipment, new research and development equipment, new information technology equipment, or new logistical distribution equipment to be acquired. See attached Form SB-1						Estimated Completion Date (month, day, year) 11/30/2021			
						Actual Completion Date (month, day, year) Pending 2024			
SECTION 3 EMPLOYEES AND SALARIES									
EMPLOYEES AND SALARIES				AS ESTIMATED ON SB-1		ACTUAL			
Current Number of Employees				113		127			
Salaries				7,756,471		11520872			
Number of Employees Retained				113		127			
Salaries				7,756,471		11520872			
Number of Additional Employees				26					
Salaries				1,086,467					
SECTION 4 COST AND VALUES									
		MANUFACTURING EQUIPMENT		RESEARCH & DEVELOPMENT EQUIPMENT		LOGISTICAL DISTRIBUTION EQUIPMENT		IT EQUIPMENT	
AS ESTIMATED ON SB-1		COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE
Values Before Project			\$ 21830177	\$	\$	\$	\$	\$	\$
Plus: Values of Proposed Project			\$ 5369910	\$	\$	\$	\$	\$	\$
Less: Values of Any Property Being Replaced			\$	\$	\$	\$	\$	\$	\$
Net Values Upon Completion of Project			\$ 27200057	\$	\$	\$	\$	\$	\$
ACTUAL		COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE
Values Before Project			\$ 31264416	\$	\$	\$	\$	\$	\$
Plus: Values of Proposed Project			\$ 10213374	\$	\$	\$	\$	\$	\$
Less: Values of Any Property Being Replaced			\$	\$	\$	\$	\$	\$	\$
Net Values Upon Completion of Project			\$ 10213374	\$	\$	\$	\$	\$	\$
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 <i>Kimberly Broadway</i>					Title Authorized Agent			Date Signed (month, day, year) 5.15.25	

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:			
<input type="checkbox"/>	The property owner IS in substantial compliance		
<input type="checkbox"/>	The property owner IS NOT in substantial compliance		
<input type="checkbox"/>	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	<input type="checkbox"/> AM <input type="checkbox"/> PM	Date of Hearing (month, day, year)	Location of Hearing

HEARING RESULTS (to be completed after the hearing)			
<input type="checkbox"/> Approved		<input type="checkbox"/> 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.			