

BUSINESS TANGIBLE PERSONAL PROPERTY ASSESSMENT RETURN

State Form 11405 (R48 / 11-23)
Prescribed by the Department of Local Government Finance

FORM 103 - LONG

PRIVACY NOTICE
This form contains confidential information pursuant to IC 6-1.1-35-9.

JANUARY 1, 2024

For Assessor's Use Only

NOTE: For taxpayers with less than \$80,000 in acquisition costs to report within the county, IC 6-1.1-3-7.2 exempts this property. If you are claiming this exemption, check this box, enter the total acquisition cost of your personal property in the county, and complete only sections I, II, and IV of this form. If you are claiming this exemption through this form, you must also file a Form 104. If you filed a return and claimed this exemption in a previous assessment year and you continue to qualify for this exemption, no return is required.

\$ _____

If property is in more than one (1) location, what is the address for the location where the sum of acquisition costs for the property is greatest?

An exemption granted under IC 6-1.1-10 or any other statute supersedes this exemption. In other words, a taxpayer whose personal property is exempt because the taxpayer applied for and was granted an exemption by the county must follow all applicable procedures for the approved exemption, which may include fully completing the personal property return.

INSTRUCTIONS:

- 1. Please type or print.
- 2. This form must be filed with the township assessor, if any, or the county assessor of the county in which the property is located not later than May 15, 2024, unless an extension of up to thirty (30) days is granted in writing. Contact information for the assessor is available at: <https://www.in.gov/dlgr/contact-your-local-officials/>.
- 3. A Form 104 must be filed with this return.

SECTION I

Name of Taxpayer		Name Under Which Business is Conducted		Federal Identification Number **	
Nature of Business		DLGF Taxing District Name		DLGF Taxing District Number	
NAICS Code Number *	Retail Merchant's Certificate Number	Township		County	
Address Where Property is Located (number and street)			City	State	ZIP Code
Address to Which Assessment and Tax Notification Should Be Mailed (If different than above)			City	State	ZIP Code

SECTION II

1. Federal Income Tax Year Ends: _____ Name Filed Under: _____

2. Location of Accounting Records	Address (number and street)	City	State	ZIP Code
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3. Form of Business: Partnership or Joint Venture Sole Proprietorship Corporation Estate or Trust
 Other, describe: _____

4. Do you have other locations in Indiana? Yes No

5. Did you own, hold, possess or control any leased, rented or other depreciable personal property on January 1? Yes No (50 IAC 4.2-8)

6. Did you own, hold, possess or control any Special Tools on January 1? Yes No If yes, complete Form 103-T. (50 IAC 4.2-6-2)

7. Did you own, hold, possess or control any returnable containers on January 1? Yes No (50 IAC 4.2-6-4)

If taxpayer answers "yes" to question 5, the owner must file Form 103-O and the possessor must file Form 103-N. Failure to properly disclose lease information may result in a double assessment. (50 IAC 4.2-2 and 50 IAC 4.2-8).

* NAICS - North American Industry Classification System - A complete list of codes may be found at www.census.gov. Note: Number appears on your federal income tax return.
** An individual using his/her Social Security number as the federal identification number is only required to provide the last four (4) digits of that number. [IC 4-1-10-3]

CHANGE IN STATUS BY THIS TAXPAYER SINCE THE LAST ASSESSMENT DATE (SOLD OR MOVED)

If personal property reported in this taxing district last year has either been sold or moved to another location, no return is required

6. If you sold all of your personal property to another owner, did it remain in the same taxing district? Yes No N/A

7. If you sold all of your personal property to another owner and it remained in the same taxing district, who is the new owner?

8. Do you still own personal property that was moved from this taxing district? Yes No N/A Date Moved _____

SECTION III

SUMMARY (Round all numbers to nearest ten dollars)	REPORTED BY TAXPAYER	CHANGE BY ASSESSOR	CHANGE BY THE COUNTY BOARD
SCHEDULE A - PERSONAL PROPERTY	\$	\$	\$
DEDUCTION PER FORM 103-ERA OR FORM 103-CTP	\$	\$	\$
FINAL ASSESSED VALUE =	\$	\$	\$

SECTION IV SIGNATURE AND VERIFICATION

Under penalties of perjury, I hereby certify that this return (including any accompanying schedules and statements), to the best of my knowledge and belief, is true, correct, and complete; if applicable, reports all tangible personal property subject to taxation owned, held, possessed or controlled by the named taxpayer in the stated township or taxing district on the assessment date, as required by law; and is prepared in accordance with IC 6-1.1 et seq., as amended, and regulations promulgated with respect thereto.

Signature of Authorized Person	Printed Name of Authorized Person	Date (month, day, year)
Title of Authorized Person	Telephone Number	Email of Authorized Person