

## **COMPLIANCE WITH STATEMENT OF BENEFITS REAL ESTATE IMPROVEMENTS**

State Form 51766 (R3 / 2-13) Prescribed by the Department of Local Government Finance

APR 29 2016

PAY 20 20

FORM CF-1 / Real Property

## **PRIVACY NOTICE**

The cost and any specific individual's salary information is confidential; the balance of the filing is public record per IC 6-1.1-12.1-5.1 (c) and (d).

MICTOL	ICTIONIC:

- This form does not apply to property located in a residentially distressed area or ally definition for which Statement of Benefits was approved before July 1, 1991.
- Property owners must file this form with the county auditor and the designating body for their review regarding the compliance of the project with the Statement of Benefits (Form SB-1/Real Property).

  This form must accompany the initial deduction application (Form 322/RE) that is filed with the county auditor.

  This form must also be updated each year in which the deduction is applicable. It is filed with the county auditor
- and the designating body before May 15, or by the due date of the real property owner's personal property return that is filed in the township where the property is located. (IC 6-1.1-12.1-5.1(b))
- With the approval of the designating body, compliance information for multiple projects may be consolidated on one (1) compliance form (Form CF-1/Real Property).

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SECTION 1 Name of taxpayer	TAXPAYER INFORMATION	County	S. HILLOY IT MEDICAL PROPERTY AND ADMINISTRATION OF THE PERSON OF THE PE	
NMD proporties 110	Via	Viac		
Address of taxpayer (number and street, city) state, and ZI	DLGF taxing dis	hict number		
1107 Ohin Storet	7 84	4		
Name of egintact person	Telephone sumb	per		
Sama Pilipovic	(8/2)	(812) 234-7322		
SECTION 2	LOCATION AND DESCRIPTION OF PROPER	TY		
Name of designating body	Resolution number		late (month, day, year)	
Common council of	14   10-01-2014			
Location of property		Actual start date	Actual start date (month, day, year)	
1101 Onio Street	Terre Hulle IN	. 10-	00-004	
Description of real property improvements  9,300 COMMEN	cial dental office bu	Estimated comp	letion date (morth, day, year)	
1 9,200 00 AC CONDITION	acid outlier office and	10-	01-2015	
I was a sold an home	Actual commetic	n date (montir, day, year)		
with Dave Davelis	MOT	1 09-	UT - XUIS	
SECTION 3	EMPLOYEES AND SALARIES			
	S AND SALARIES	AS ESTIMATED ON SB-1	ACTUAL	
Current number of employees		100000	24	
Salaries		572,43600	41593160	
Number of employees retained		10	FOO (124 A)	
Salaries		572,43600	572,436.00	
Number of additional employees		581 000,00	E01.00101	
Salaries	COST AND VALUES	581.000.00	586,880.00	
SECTION 4	COST AND VALUES	E IMPROVEMENTS		
COST AND VALUES AS ESTIMATED ON SB-1	COST		ED VALUE	
Values before project		1,3°	700.00	
Plus: Values of proposed project		1500	100000	
Less: Values of any property being replaced		1993	100000	
Net values upon completion of project		1533	400.00	
ACTUAL	ASSESSÉD VALUE			
Values before project		.1741	1 1	
Plus: Values of proposed project		Not Ye	HS585801	
Less: Values of any property being replaced		1701 701		
Net values upon completion of project				
SECTION 5 WASTE CON	VERTED AND OTHER BENEFITS PROMISED B	Y THE TAXPAYER		
WASTE CONVERTED A	ND OTHER BENEFITS	AS ESTIMATED ON SB-1	ACTUAL	
Amount of solid waste converted				
Amount of hazardous waste converted	\			
Other benefits:				
SECTION 6	TAXPAYER CERTIFICATION	Libertical materials	Name of Street, Street	
	eby certify that the representations in this stateme		mante day track	
Signature of authorized regresentative	Douch Sulta	Uf Date signed, (1	nonth day, year)	
. 0-9	Page 1 of 2	V		



## 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 6-1.1-12.1-5.1 and IC 6-1.1-12.1-5.9)

- Not later than forty-five (45) days after receipt of this form, the designating body <u>may</u> determine whether or not the property owner has substantially complied with the Statement of Benefits (Form SB-1/Real Property).
- 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 and the date, time and place of a hearing to be conducted by the designating body. The date of this hearing may not be more than thirty (30) days after the date this notice is mailed. A copy of the notice may be sent to the county auditor and the county assessor.
- 3 Based on the information presented at the hearing, the designating body shall determine whether or not the property owner has made reasonable efforts to substantially comply with the Statement of Benefits (Form SB-1/Real Property) 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 reasonable efforts to comply, then the designating body shall adopt a resolution terminating the property owner's deduction. If the designating body adopts such a resolution, the deduction does not apply to the next installment of property taxes owed by the property owner or to any subsequent installment of property taxes. 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	I find that:			
M the property of	wner IS in e	ubstantial compliance			
23 the property of	Wilet to its at	abstantial compliance			
the property	owner IS NO	T in substantial compliance			
other (specify	)	W. I.			
Reasons for the deterr	mination (attact	n additional sheets (f necessary)			
		· · · · · ·			
Signature of authorized	i member	fold of the	2)		Date signed (month, day year)  5 - ( Z -   L p
Attested by:	lus	PAZA	Designating body	Haut	e CITY Council
f the property ow time has been se	ner is found i t aside for the	not to be in substantial complete purpose of considering com	ance, the property owner shall recipliance. (Hearing must be held with	eive the opportunit thin thirty (30) days	ty for a hearing. The following date and s of the date of mailing of this notice.)
Time of hearing	☐ AM ☐ PM	Date of hearing (month, day, yea	ar) Location of hearing		
	m ws# ·	HEARING R	ESULTS (to be completed after t	he hearing)	
		Approved	☐ Denied (see i	instruction 4 above	<del>)</del> )
Reasons for the detern	nination (attach	additional sheets if necessary)			
Signature of authorized	member				Date signed (month, day, year)
Attested by:			Designating body		
		ΔΡ	PEAL RIGHTS [IC 6-1.1-12.1-5.9(	e)]	
				- /4	