

JUN 1 5 2016

FORM CF-1/PP



## COMPLIANCE WITH STATEMENT OF BENEFITS PERSONAL PROPERTY

State Form 51765 (R3 / 11-15) Prescribed by the Department of Local Government Finance

## 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 of each year, 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

(CF-1).		•							
SECTION 1		TAXPAYER	INFORMAT	ION					
Name of taxpayer						County			
Sony DADC US, Inc.						Vigo			
Address of taxpayer (number and street, city, state, and ZIP code)						DLGF taxing district number			
25 Madison Ave, 26th Floor, New York, NY 10010						84002			
Name of contact person						Telephone number (212) 833-4194			
Richard Gramkow	eng kejalangkan delaka kena		tgest (starten betreepen)			(212)63	3-4194		
SECTION 2	LOCATIO	ON AND DES	CONTRACTOR OF THE PARTY OF THE	F PROPERTY		Estimated start da	le (month, o	iav veari	
Name of designating body Common Council City of Terre Haute				Resolution number 8-2009			Estimated start date (month, day, year) 5/1/2009		
Common Country on Total Country						Actual start date (month, day, year)			
1800 N. Fruitridge Avenue, Terre Haute, IN 47804						5/1/2009			
Description of new manufacturing equipment, or new research and development equipment, or new information technology equipment, or new logistical distribution equipment to be acquired.  Estimated completion date equipment, or new logistical distribution equipment to be acquired.							•		
New machinery & equipment to expand capacity of existing product lines to meet market demand.						Actual completion date (month, day, year)			
						12	/31/200	9	
SECTION 3		EMPLOYEES	S AND SALA	RIES	AS ES	TIMATED ON SB	.1	ACTUAL	
EMPLOYEES AND SALARIES					AGLG	1,250		993	
Current number of employees Salaries						58,926,853.00		46,303,906.00	
Number of employees retained						1.200		993	
Salaries						56,938,373.00		46,303,906.00	
Number of additional employees						0 0		0	
Salaries						0.00		0.00	
SECTION 4	And the second	COST	AND VALUE	3	appendiction and	a man an Market Se			
		CTURING PMENT	R & D EQUIPMENT		LOGIST DIST EQUIPMENT		IT EQ	IT EQUIPMENT	
AS ESTIMATED ON SB-1	COST	ASSESSED VALUE	соѕт	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	
Values before project		124,000,000.00	)					ļ	
Plus: Values of proposed project		30,647,400.00	)					ļ	
Less: Values of any property being replaced	_			_					
Net values upon completion of project	_	154,647,400.00	<del></del>			100-00-0		ASSESSED	
ACTUAL	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	VALUE	
Values before project		124,000,000.00							
Plus: Values of proposed project		30,647,400.00	)						
Less: Values of any property being replaced						ļ		<u> </u>	
Net values upon completion of project		154,647,400.00	o						
NOTE: The COST of the property is confidential	pursuant to I	C 6-1.1-12.1-	5.6(c).						
SECTION 5 WASTE CO	NVERTED A	ND OTHER E	BENEFITS P	ROMISED BY	HE TAXPA	YER	engen viria en en en		
						S ESTIMATED ON SB-1		ACTUAL	
Amount of solid waste converted									
Amount of hazardous waste converted							<del></del>		
Other benefits:									
SECTION 6	head at each one	TAXPAYER	CERTIFICA	TION		eguessa e Maria.			
I hereby certify that the representations in this s	tatement are t	rue.							
ignature of puthoritative Date signed (month, day, year)									
Ass't Director, State Tax 5/25/2016									

## 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 6-1.1-12.1-5.9)

- 1. This page does not apply to a Statement of Benefits filed before July 1, 1991; that deduction may not be terminated for a failure to comply with the Statement of Benefits.
- 2. 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.
- 3. 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. 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.
- 4. Based on the information presented at the hearing, the designating body shall determine whether or not the property owner has made 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.
- 5. If the designating body determines that the property owner has NOT made reasonable effort to comply, then 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:					
X 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 Add The	Date signed (month, day, year)				
Attested by:	Terre Haute City Council				
If the property owner is found not to be in substantial compliance, the propertime has been set aside for the purpose of considering compliance.	orty owner shall receive the opportunity for a hearing. The following date and				
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)]					
	appeal the designating body's decision by filing a complaint in the office of the ne costs of the appeal if the appeal is determined against the property owner.				