



# COMPLIANCE WITH STATEMENT OF BENEFITS PERSONAL PROPERTY

State Form 51765 (R4 / 11-16)  
Prescribed by the Department of Local Government Finance

**CONFIDENTIAL**  
**FILED**

JUN 05 2019

FORM CF-1 / PP

**PRIVACY NOTICE**  
This form contains information  
confidential pursuant to  
IC 6-1.1-35-9 and IC 6-1.1-12.1-5.6.

- 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 INFORMATION								
Name of taxpayer <b>Ampacet Corporation</b>						County <b>Vigo</b>		
Address of taxpayer (number and street, city, state, and ZIP code) <b>3701 North Fruitridge Avenue, Terre Haute, IN 47804</b>						DLGF taxing district number <b>84-002</b>		
Name of contact person <b>James A. Lansch</b>						Telephone number <b>( 914 ) 631-6600</b>		
SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY								
Name of designating body <b>Terre Haute City Council</b>				Resolution number <b>5, 2017</b>		Estimated start date (month, day, year) <b>08/01/2017</b>		
Location of property <b>3701 North Fruitridge Avenue, Terre Haute, IN 47804</b>						Actual start date (month, day, year) <b>02/28/2017</b>		
Description of new manufacturing equipment, or new research and development equipment, or new information technology equipment, or new logistical distribution equipment to be acquired <b>New additives production line (Leistritz 50MM twin screw extruder, Gala pelletizer and dryer) totaling \$3,800,000.</b>						Estimated completion date (month, day, year) <b>12/01/2017</b>		
						Actual completion date (month, day, year) <b>12/01/2018</b>		
SECTION 3 EMPLOYEES AND SALARIES								
EMPLOYEES AND SALARIES						AS ESTIMATED ON SB-1		ACTUAL
Current number of employees						181		183
Salaries						10,737,000.00		11,173,762.00
Number of employees retained						181		181
Salaries						10,737,000.00		10,737,000.00
Number of additional employees						6		2
Salaries						300,000.00		436,762.00
SECTION 4 COST AND VALUES								
AS ESTIMATED ON SB-1	MANUFACTURING EQUIPMENT		R & D EQUIPMENT		LOGIST DIST EQUIPMENT		IT EQUIPMENT	
	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE
Values before project		4,615,000.00						
Plus: Values of proposed project		1,520,000.00						
Less: Values of any property being replaced		0.00						
Net values upon completion of project		6,135,000.00						
ACTUAL	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE
Values before project		5,710,410.00						
Plus: Values of proposed project		1,613,154.00						
Less: Values of any property being replaced								
Net values upon completion of project		7,323,564.00						
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: Maintain Ampacet's position in the community as an important employer; allow Ampacet to remain competitive and maintain these mfg positions into the future.								
SECTION 6 TAXPAYER CERTIFICATION								
I hereby certify that the representations in this statement are true.								
Signature of authorized representative 				Title <b>SR VP - CFO</b>		Date signed (month, day, year) <b>5-23-2019</b>		

**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:			
<input type="checkbox"/> the property owner <b>IS</b> in substantial compliance <input type="checkbox"/> the property owner <b>IS NOT</b> 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
<b>HEARING RESULTS (to be completed after the hearing)</b>			
<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	
<b>APPEAL RIGHTS [IC 6-1.1-12.1-5.9(e)]</b>			
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 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.			



VIA FACSIMILE (812)-462-3273

February 20, 2019

Mr. Don Pruett  
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 Mr. Pruett:

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 Saturday, June 15, 2019.

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 15, 2019, 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

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

Regards,

**ACCEPTED AND AGREED TO:**

*Lauren Kim*  
LAUREN KIM  
Tax Accountant

*Don Pruett*  
DON PRUETT  
Harrison Township Assessor

*Debbie Cagle - Personal Property*

*Printed until  
June 14th 2019*

Ampacet Corporation  
880 White Plains Road • Terrytown, NY 10591 • Tel (914) 631-6600  
Admin Fax (914) 631-7197 • Mfg Fax (914) 631-0586 • Sales Fax (914) 631-7278