



**COMPLIANCE WITH STATEMENT OF BENEFITS
PERSONAL PROPERTY**

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

FILED

JUN 17 2020

Reset Form

FORM CF-1 / PP

PRIVACY NOTICE

This form contains information confidential pursuant to IC 6-1-35-9 and IC 6-1.1-12.1-5.6.

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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 INFORMATION	
Name of taxpayer Ampacet Corporation	County Vigo
Address of taxpayer (number and street, city, state, and ZIP code) 3701 & 3801 North Fruitridge Avenue, Terre Haute, IN 47804	DLGF taxing district number 84-002
Name of contact person James A. Lansch	Telephone number (914) 631-6600

SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY		
Name of designating body Terre Haute City Council	Resolution number 5, 2017	Estimated start date (month, day, year) 08/01/2017
Location of property 3701 North Fruitridge Avenue, Terre Haute, IN 47804		Actual start date (month, day, year) 02/28/2017
Description of new manufacturing equipment, or new research and development equipment, or new information technology equipment, or new logistical distribution equipment to be acquired. New additives production line (Leistritz 50MM twin screw extruder, Gala pelletizer and dryer) totaling \$3,800,000		Estimated completion date (month, day, year) 12/01/2017
		Actual completion date (month, day, year) 12/01/2018

SECTION 3 EMPLOYEES AND SALARIES			
EMPLOYEES AND SALARIES		AS ESTIMATED ON SB-1	ACTUAL
Current number of employees		181	177
Salaries		10,737,000.00	11,010,712.00
Number of employees retained		181	177
Salaries		10,737,000.00	11,010,712.00
Number of additional employees		6	0
Salaries		300,000.00	0.00

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		4,383,278.00						
Plus: Values of proposed project		2,419,732.00						
Less: Values of any property being replaced		0.00						
Net values upon completion of project		6,803,010.00						

NOTE: The COST of the property is confidential pursuant to IC 6-1.1-12.1-5.6(c).

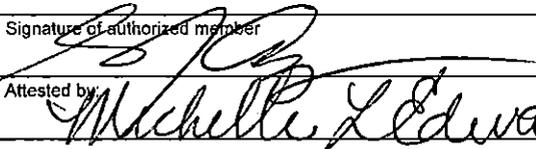
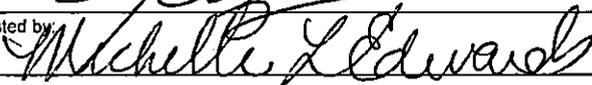
SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER		
WASTE CONVERTED AND OTHER BENEFITS	AS ESTIMATED ON SB-1	ACTUAL
Amount of solid waste converted		
Amount of hazardous waste converted		
Other benefits:		

SECTION 6 TAXPAYER CERTIFICATION		
I hereby certify that the representations in this statement are true.		
Signature of authorized representative <i>And 20</i>	Title Sr. VP - CFO	Date signed (month, day, year) June 11, 2020

**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 checked="" 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) 7-9-20
Attested by: 	Designating body Terre Haute City Council	
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 Terre Haute City Council	
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 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.		

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STATEMENT OF BENEFITS
PERSONAL PROPERTY

State Form 51764 (R4 / 11-16)
Prescribed by the Department of Local Government Finance

FORM SB-1 / PP

PRIVACY NOTICE

Any information concerning the cost of the property and specific salaries paid to individual employees by the property owner is confidential per IC 6-1.1-12.1-8.1.

INSTRUCTIONS

- 1. This statement must be submitted to the body designating the Economic Revitalization Area prior to the public hearing if the designating body requires information from the applicant in making its decision about whether to designate an Economic Revitalization Area. Otherwise this statement must be submitted to the designating body BEFORE a person installs the new manufacturing equipment and/or research and development equipment, and/or logistical distribution equipment and/or information technology equipment for which the person wishes to claim a deduction.
2. The statement of benefits form must be submitted to the designating body and the area designated an economic revitalization area before the installation of qualifying eligible equipment for which the person desires to claim a deduction.
3. To obtain a deduction, a person must file a certified deduction schedule with the person's personal property return on a certified deduction schedule (Form 103-ERA) with the township assessor of the township where the property is situated or with the county assessor if there is no township assessor for the township. The 103-ERA must be filed between January 1 and May 15 of the assessment year in which new manufacturing equipment and/or research and development equipment and/or logistical distribution equipment and/or information technology equipment is installed and fully functional, unless a filing extension has been obtained. A person who obtains a filing extension must file the form between January 1 and the extended due date of that year.
4. Property owners whose Statement of Benefits was approved, must submit Form CF-1/PP annually to show compliance with the Statement of Benefits. (IC 6-1.1-12.1-5.0)
5. For a Form SB-1/PP that is approved after June 30, 2013, the designating body is required to establish an abatement schedule for each deduction allowed. For a Form SB-1/PP that is approved prior to July 1, 2013, the abatement schedule approved by the designating body remains in effect. (IC 6-1.1-12.1-17)

SECTION 1 TAXPAYER INFORMATION
Name of taxpayer: Ampacet Corporation
Name of contact person: James A. Lansch, Esq.
Address of taxpayer: 660 White Plains Road, Terrytown, NY 10591
Telephone number: (914) 631-6600
SECTION 2 LOCATION AND DESCRIPTION OF PROPOSED PROJECT
Name of designating body: Terre Haute City Council
Resolution number:
Location of property: 3701 North Frickridge Avenue, Terre Haute, IN 47804
County: Vigo
OLGF taxing district number:
Description of manufacturing equipment: Considering adding a new additives production line (Leistritz 60MM twin screw extruder, Gale pelletizer and dryer) totaling \$3,600,000. This is expected to create up to six new jobs.
ESTIMATED START DATE: 08/01/2017
ESTIMATED COMPLETION DATE: 12/01/2017
SECTION 3 ESTIMATE OF EMPLOYEES AND SALARIES AS RESULT OF PROPOSED PROJECT
Current number: 181
Salaries: 10,737,000
Number retained: 181
Salaries: 10,737,000
Number additional: 6
Salaries: 300,000
SECTION 4 ESTIMATED TOTAL COST AND VALUE OF PROPOSED PROJECT
NOTE: Pursuant to IC 6-1.1-12.1-5.1 (d) (2) the COST of the property is confidential.
MANUFACTURING EQUIPMENT: COST 4,816,000
R & D EQUIPMENT: COST
LOGIST DIST EQUIPMENT: COST
IT EQUIPMENT: COST
Plus estimated value of proposed project: 1,520,000
Less value of any property being replaced
Net estimated value upon completion of project: 6,135,000
SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER
Estimated solid waste converted (pounds)
Estimated hazardous waste converted (pounds)
Other benefits: Will maintain Ampacet's position in the community as an important employer and allow Ampacet to remain competitive and maintain these manufacturing positions well into the future.
SECTION 6 TAXPAYER CERTIFICATION
I hereby certify that the representations in this statement are true.
Signature of authorized representative: James A. Lansch, Esq.
Date signed (month, day year): 02/23/2017
Printed name of authorized representative: James A. Lansch, Esq.
Title: Director of Tax and Legal Affairs

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FOR USE OF THE DESIGNATING BODY

We have reviewed our prior actions relating to the designation of this economic revitalization area and find that the applicant meets the general standards adopted in the resolution previously approved by this body. Said resolution, passed under IC 6-1.1-12.1-2.5, provides for the following limitations on authorized under IC 6-1.1-12.1-2.

A. The designated area has been limited to a period of time not to exceed 10 calendar years* (see below). The date this designation expires is N-A. NOTE: This question addresses whether the resolution contains an expiration date for the designated area.

B. The type of deduction that is allowed in the designated area is limited to:

1. Installation of new manufacturing equipment;	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Enhanced Abatement per IC 6-1.1-12.1-18 Check box if an enhanced abatement was approved for one or more of these types.
2. Installation of new research and development equipment;	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
3. Installation of new logistical distribution equipment.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
4. Installation of new information technology equipment;	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

C. The amount of deduction applicable to new manufacturing equipment is limited to \$ N-A cost with an assessed value of \$ _____ (One or both lines may be filled out to establish a limit, if desired.)

D. The amount of deduction applicable to new research and development equipment is limited to \$ N-A cost with an assessed value of \$ _____ (One or both lines may be filled out to establish a limit, if desired.)

E. The amount of deduction applicable to new logistical distribution equipment is limited to \$ N-A cost with an assessed value of \$ _____ (One or both lines may be filled out to establish a limit, if desired.)

F. The amount of deduction applicable to new information technology equipment is limited to \$ N-A cost with an assessed value of \$ _____ (One or both lines may be filled out to establish a limit, if desired.)

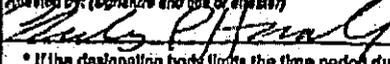
G. Other limitations or conditions (specify) N-A

H. The deduction for new manufacturing equipment and/or new research and development equipment and/or new logistical distribution equipment and/or new information technology equipment installed and first claimed eligible for deduction is allowed for:

<input type="checkbox"/> Year 1	<input type="checkbox"/> Year 2	<input type="checkbox"/> Year 3	<input type="checkbox"/> Year 4	<input type="checkbox"/> Year 5	<input type="checkbox"/> Enhanced Abatement per IC 6-1.1-12.1-18 Number of years approved: _____ (Enter one to twenty (1-20) years; may not exceed twenty (20) years.)
<input type="checkbox"/> Year 6	<input type="checkbox"/> Year 7	<input type="checkbox"/> Year 8	<input type="checkbox"/> Year 9	<input checked="" type="checkbox"/> Year 10	

I. For a Statement of Benefits approved after June 30, 2013, did this designating body adopt an abatement schedule per IC 6-1.1-12.1-17? Yes No
If yes, attach a copy of the abatement schedule to this form.
If no, the designating body is required to establish an abatement schedule before the deduction can be determined.

Also we have reviewed the information contained in the statement of benefits and find that the estimates and expectations are reasonable and have determined that the totality of benefits is sufficient to justify the deduction described above.

Authorized by (Signature and title of authorized member of designating body)  Karim Nasser	Telephone number 812 232-3575	Date signed (month, day, year) 4-11-2017
Printed name of authorized member of designating body Karim Nasser	Name of designating body Terre Haute City Council	
Attested by (Signature and title of officer)  Charles P. Hanley	Printed name of officer Charles P. Hanley	

* If the designating body limits the time period during which an area is an economic revitalization area, that limitation does not limit the length of time a taxpayer is entitled to receive a deduction to a number of years that is less than the number of years designated under IC 6-1.1-12.1-17.

IC 6-1.1-12.1-17

Abatement schedules

Sec. 17. (a) A designating body may provide to a business that is established in or relocated to a revitalization area and that receives a deduction under section 4 or 4.5 of this chapter an abatement schedule based on the following factors:

- (1) The total amount of the taxpayer's investment in real and personal property.
- (2) The number of new full-time equivalent jobs created.
- (3) The average wage of the new employees compared to the state minimum wage.
- (4) The infrastructure requirements for the taxpayer's investment.

(b) This subsection applies to a statement of benefits approved after June 30, 2013. A designating body shall establish an abatement schedule for each deduction allowed under this chapter. An abatement schedule must specify the percentage amount of the deduction for each year of the deduction. An abatement schedule may not exceed ten (10) years.

(c) An abatement schedule approved for a particular taxpayer before July 1, 2013, remains in effect until the abatement schedule expires under the terms of the resolution approving the taxpayer's statement of benefits.

VIA FACSIMILE (812)-462-3273

January 31, 2020

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, 2020.

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, 2020, 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 or email to Christopher.garcia@ampacet.com.

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

Regards,

ACCEPTED AND AGREED TO:



Chris Garcia
Tax Accountant

DON PRUETT
Harrison Township Assessor