Docusign Envelope ID: 2B047EBB-9A17-48B7-BCFC-883F58B28822



COMPLIANCE WITH STATEMENT OF BENEFITS PERSONAL PROPERTY

State Form 51765 (R4 / 11-16)

Prescribed by the Department of Local Government Finance



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 cf 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

With the approval of the de-	signating boo				cts may be	consolidated on o	ne (1) com	pliance (CF-1		
SECTION 1		TAXPAYER	RINFORMATI	SHEL						
Name of taxpayer GATX CORPORATION			1445			VIGO				
ddress of taxpayer (number and street, city, state, and ZIP code)			MAY	1 5 2025	DLGF taxing distric		ct number			
222 W ADAMS, CHICAGO, IL 60						DEGI taxing distri	002			
Name of contact person			CITY	CLER	K	Telephone numbe				
			0111	OLLIN	1	(312)62	1-6299			
SECTION 2	LOCATI	ON AND DES	SECTION AND DESCRIPTION AND DE	F PROPERTY						
ame of designating body			Resolution number			Estimated start date (month, day, year)				
Location of property	ITY OF TERRE HAUTE COMMON COUNCIL				2024-17			08/01/2024 Actual start date (month, day, yéar)		
						/01/2024				
Description of new manufacturing equipment, or new research and development equipment, or new information technology						Estimated completion date (month, day, year				
equipment, or new logistical distribution equipment to be acquired.						12/31/2027				
Compressors, piping, cleaning rack, forklifts, welders, tools, blast equipment, cranes hydraulic jacks, and related quipment							, day, year)			
SECTION 3		EMPLOYEE	S AND SALA	RIES						
EMPLOYEE	S AND SAL	ARIES			ASES	TIMATED ON SE	3-1	ACTUAL		
Current number of employees					42			49		
Salaries						2,655,700.00		3,001,800.00		
Number of employees retained						42		38		
Salaries					_	2,655,700.00	, 2	2,381,800.00		
Number of additional employees Salaries						21 755,500.00		11 620,000.00		
SECTION 4		COST	AND VALUES			755,500.00		120,000.00		
		ACTURING IPMENT	CTURING R & D FOUIPMENT		LOC	LOGIST DIST EQUIPMENT		IT EQUIPMENT		
AS ESTIMATED ON SB-1	cost	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED		
Values before project		934,870.00)							
Plus: Values of proposed project		2,420,330.00)				17 3 2 4			
Less: Values of any property being replaced										
Net values upon completion of project		3,355,200.00)							
ACTUAL	cosr	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSE		
Values before project		934,870.00	0							
Plus: Values of proposed project		2,420,330.00	0							
Less: Values of any property being replaced										
Net values upon completion of project		3,355,200.0	0							
$\ensuremath{NOTE}\xspace$. The $\ensuremath{COST}\xspace$ of the property is confidential	pursuant to	IC 6-1.1-12.1-	5.6(c).							
SECTION 5 WASTE CO	NVERTED A	AND OTHER I	BENEFITS P	ROMISED BY	THE TAXP	AYER				
					AS ESTIMATED ON SB-1		A	ACTUAL		
Amount of solid waste converted										
Amount of hazardous waste converted		-					-	*******************		
Other benefits:										
SECTION 6	4004 - 61	TAXPAYER	CERTIFICAT	TION						
I hereby certify that the representations in this	statement are		OLKHIPIOAI		TO SERVICE SER		CONTRACTOR OF THE PARTY OF THE			
	statement an	o diue.	Title			Date sinned (se	th day	-1		
nature of authorized representative-pocusioned by: Title Date signed (month, day, year)					/					

Docusign Envelope ID: 2B047EBB-9A17-48B7-BCFC-883F58B28822



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:			
the property owner IS	in substantial compliance			
the property owner IS	NOT in substantial compliance			
other (specify)				E E STE E
Reasons for the determination (attach additional sheets if necessary)			
Signature of authorized membe	1111		Date sig	ned (month, day, year)
	Jan Jan		6-	5-2025
Attested by: Muchell	e X Edward	Designating body	Haute City	Council
	ound not to be in substantial compliant or the purpose of considering compliant			
	AM Date of hearing (month, day, year)	Location of hearing		
	HEARING RES	ULTS (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	ır		Date sig	ned (month, day, year)
Attested by:		Designating body		
	APPE	AL RIGHTS [IC 6-1.1-12.1-5.9	(e)]	
A				complaint in the office of the
clerk of Circuit or Superior	deduction is denied by the designating or Court together with a bond condition	ned to pay the costs of the ap	peal if the appeal is determine	ed against the property owner.