



## COMPLIANCE WITH STATEMENT OF BENEFITS PERSONAL PROPERTY

State Form 51765 (R7 / 12-22)

Prescribed by the Department of Local Government Finance

### PRIVACY NOTICE

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

FORM CF-1 / PP

20\_\_ Pay 20\_\_

### 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, 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 form (CF-1).

**FILED**

SECTION 1		TAXPAYER INFORMATION						
Name of Taxpayer <b>KJB HOLDINGS COMPANY/KJB ENTERPRISES LLC</b>		MAY 12 2025						
Address of Taxpayer (number and street, city, state, and ZIP code) <b>4559 E HULMAN ST</b>		County <b>VIGO</b>						
Name of Contact Person <b>KEVIN BENNETT</b>		Telephone Number <b>(812) 249-1842</b>	DLGF Taxing District Number <b>84-002</b>					
		Email Address <b>kevin@ezmailingllc.com</b>						
SECTION 2		LOCATION AND DESCRIPTION OF PROPERTY						
Name of Designating Body <b>TERRE HAUTE CITY COUNCIL</b>		Resolution Number <b>12</b>	Estimated State Date (month, day, year) <b>06/01/2021</b>					
Location of Property <b>1300 OHIO ST, TERRE HAUTE, IN 47807</b>			Actual Start Date (month, day, year) <b>07/01/2021</b>					
Description of new manufacturing equipment, new research and development equipment, new information technology equipment, or new logistical distribution equipment to be acquired. <b>2 Double bed large format printer, large format cutter, 30" Perfecta cutter, shrir</b>			Estimated Completion Date (month, day, year) <b>08/01/2021</b>					
			Actual Completion Date (month, day, year) <b>12/01/2021</b>					
SECTION 3		EMPLOYEES AND SALARIES						
EMPLOYEES AND SALARIES		AS ESTIMATED ON SB-1						
Current Number of Employees	<b>0</b>	<b>0</b>						
Salaries	<b>0.00</b>	<b>0.00</b>						
Number of Employees Retained	<b>0</b>	<b>0</b>						
Salaries	<b>0.00</b>	<b>0.00</b>						
Number of Additional Employees	<b>11</b>	<b>14</b>						
Salaries	<b>400,000.00</b>	<b>470,015.00</b>						
SECTION 4		COST AND VALUES						
	MANUFACTURING EQUIPMENT		RESEARCH & DEVELOPMENT EQUIPMENT		LOGISTICAL DISTRIBUTION EQUIPMENT		IT EQUIPMENT	
AS ESTIMATED ON SB-1	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE
Values Before Project	\$	\$	\$	\$	\$	\$	\$	\$
Plus: Values of Proposed Project	\$	\$	\$	\$	\$	\$	\$	\$
Less: Values of Any Property Being Replaced	\$	\$	\$	\$	\$	\$	\$	\$
Net Values Upon Completion of Project	\$	\$	\$	\$	\$	\$	\$	\$
ACTUAL	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE
Values Before Project		\$	\$	\$	\$	\$	\$	\$
Plus: Values of Proposed Project		\$	\$	\$	\$	\$	\$	\$
Less: Values of Any Property Being Replaced		\$	\$	\$	\$	\$	\$	\$
Net Values Upon Completion of Project		\$	\$	\$	\$	\$	\$	\$
<b>NOTE: The COST of the property is confidential pursuant to IC 6-1.1-12.1-5.6(c).</b>								
SECTION 5		WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER						
WASTE CONVERTED AND OTHER BENEFITS		AS ESTIMATED ON SB-1						
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 		Title <b>PRESIDENT</b>	Date Signed (month, day, year) <b>5/3/25</b>					



OPTIONAL: FOR USE BY A DESIGNATING BODY WHO ELECTS TO REVIEW THE COMPLIANCE WITH STATEMENT OF BENEFITS (FORM CF-1)

**INSTRUCTIONS:** (IC 6-1.1-12.1-5.9)

1. 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.
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, including 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.
3. Based on the information presented at the hearing, the designating body shall determine whether or not the property owner has made a 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.
4. If the designating body determines that the property owner has **NOT** made a reasonable effort to comply, 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 <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) 6-5-2025
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	
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 the 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.			