Property Tax Phase-In Application

to Elkhart County Government

This application is to request the designation of an Economic Revitalization Area (ERA) for the purpose of obtaining a property tax phase-in (tax abatement). The application is to be completed and signed by the owner of the property where the real property improvements, the installation of personal property, and/or the occupancy of an eligible vacant building is to occur. The designating body will review this application to determine whether a particular area should be designated as an ERA in accordance with Indiana Code (I.C.) 6-1.1-12.1 and all subsequent amendments made thereafter. The designating body makes no representation as to the effect of a designation granted by it for purposes of any further applications or approvals required under I.C. 6-1.1-12.1 and makes no representation to any applicant concerning the validity of any benefit conferred.

X Personal Property (e.g. Equipment for manufacturing; research and development, logistics and distribution; or

Yes

Yes

Yes

101,200 Improvements

Nο

No

No

X Real Property Improvements (e.g. new building, addition and/or modification)

Application is to offset: (check all that apply)

Are the buildings at this site more than 25 years old?

Is this a blighted or mitigated Brownfield site?

Current assessed value of real estate

Will the proposed project be used for a national or regional headquarters?

1,261,300

Land

information technology.)

	Vacant Building						
There is a non-refunda application pursuant to	_	_	-		7	•	_
General Information							
Company Name	Consolidated Meta	ls Inc.					
Federal Employer I.I	D.(FEIN) 59-3510	6487		NAICS Cod	le	331210	
Website	www.consolidatedn	netalsinc.com		Year Comp	any founded		1998
Company Business	(Brief Description)	· · · · · · · · · · · · · · · · · · ·			٠		-
Consolidated Metals							
both the capacity and							
nationwide, Tubing o					d, Galvanized,	Galvannealed	, or Aluminized.
Seam remetallization			<u></u> _	oducts.			
Project Contact Per					·		
Address	24 Lighthouse Cou	rt, Daufuskie Isla		·		·	
Phone	515-554-4979		Email	silvia@conso	<u>lidatedmet.com</u>		·
			<u> </u>		<u> </u>		
Senior Company O					· · · · · · · · · · · · · · · · · · ·		
Address	24 Lighthouse Cour	rt, Daufuskie Isla					
Phone	515-554-4979		Email	silvia@conso	<u>lidatedmet.com</u>	THE PROPERTY OF THE PROPERTY O	
				Constitution of	action to the second to		
Proposed Project Site		· · · · · · · · · · · · · · · · · · ·		·			
Property Owner(s)	1151 Bloomingdale D	·					
Address	1151 Bloomingdale D	r., Bristol, IN 4650	17				
Parcel Number(s)							
Legal Description of pro-	operty (attach if neces	sary)					•
Does Company current	lly do business at this	site?		Yes	x	No	
If no, how is site curren	tly being used?						
		•					
What buildings are on t	the site?	48,588 building v	vith primarily ma	nufacturing and	warehouse space	e, some offices.	
What is the condition o		Good	······································		•		· · · · · · · · · · · · · · · · · · ·
Have the buildings at th		r more than a year	?	Yes		No	x

D 1 2 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1			····				
Proposed Project Information	A 44 1 1-1525 1		- 16 J. J.				
Description of proposed improvements (Attach additional	project details	s, ir needed)				
Structures:		<u> </u>					
	cutting equipmen	<u>it </u>				****	
Research and Development equipment:							
Logistics and Distribution equipment:	Crane, hoist, forl	difts					
Information Technology equipment:							
Proposed start date for project Proposed end date for project						<u> </u>	
Proposed start date for operations		l					
			•				
Has the new equipment associated with	this project been	used by the	Yes		N/A		
owner/taxpayer (or related entity) in the s	tate of Indiana?		No	х			
If yes, provide details inluding where the	equipment will c	ome from and	how it will be a	cquired:	'		

Owned R&D equipment being relocated fro	m other compar	v facilities					
			Yes		N/A	1	
Will the new equipment associated with t	his project be lea	ased?	No	x	 		
If yes, provide details including from who	m and for what t	erm	1 110	17			
il yes, provide details including from who	III and for what t	Cini					
Maria de la companya della companya della companya della companya de la companya della companya		4 . 1 .	1 1/	<u> </u>	1 51		
Will this project require approval of rezon			Yes		No	1	
vacation, variance, special exemption, or	contingent use's	,	<u> </u>			<u> </u>	
If yes, list:			<u> </u>			· · · · · · · · · · · · · · · · · · ·	
Proposed Investment						,	
Calendar Year		2023	2024	2025	2026	Total	
Land acquisition						\$0	
New building construction		· · · · · · · · · · · · · · · · · · ·				\$0	
Existing building improvements			\$2,225,000			\$2,225,000	
Manufacturing equipment		\$8,879,500			\$8,879,500		
Research and Development equipment		Ψο,σ. σ,σσσ		 	\$0		
Logistics and Distribution equipment	· ·	<u>·</u>	 		 	\$0	
Information Technology equipment					 	\$0	
On-site rail infrastructure			-		+	\$0	
On-site fiber infrastructure		· · · · · · · · · · · · · · · · · · ·	 			\$0	
			£14 404 E00		 		
Grand Total			\$11,104,500			\$11,104,500	
Statutory Findings							
Indiana Code 6-1.1-12.1-1 requires that the designation							
One finding is that the subject property is either in a							
because of lack of development, cessation of gr buildings, or other factors which have impaired							
of facilities that are technologically, economical	-				•		
tax revenues."	ry, or onergy esca			olocoonoc ma y i		, omploymont and	
			r	<u> </u>			
Are improvements on project site and/or the s			Yes		No	<u> </u>	
If yes, describe the obsolescence: The build	ing has been vaca	int for several ye	ears and requires	repairs and up	grades to be use	able	
Are buildings at project site substandard for no	ormal use and dev	elopment?	Yes		No		
If yes, explain what is substandard so as to pr	event normal use	and developme	nt:		.		
		•			· ·		
Has project site and/or surrounding area decli	ned in value in las	t 10 vears?	Yes		No	[
If yes, explain what caused the decline in valu		· (-)	, 55		, ,,,		
ir yes, explain what educed the decime in valu	<u>. </u>			***			
	l to dovelon for lo	+ 40			NI-	1	
Has project site and/or surrounding area failed			Yes		No	L	
If yes, explain what characteristics make this s	site difficult to deve	еюр:	L				
					т		
Are any facilities at project site technologically	, economically or						
energy obsolete?			Yes		No		
If yes, describe how the facilities are obsolete:	1		site for intended	Hee	·		

Community Benefits						
						İ
·						
Impacts and status			*******			
Will any additional public utilities, services	s or other nubli	c infrastructure	he required by	this project?		
TYTE day additional public defined, adjusted	or carer pass	o iimadii adiai d	Yes	Troject:	No	
If yes, explain the type required and the a	mount the app	licant will be cor		d the public inf		
				<u> </u>		
					ik lai 1, në viti di si në	
Employment						
Will all current employees be retained at F	Project Site as	a result of this	İ			
project?			Yes	x	No	
If no, explain:						
Current Full-Time Employment at Proje	ect Site					
	Number of	Average Hourly	Average	Salary	Range*	Median Annual
	Jobs	Wage*	Annual Wage*	Galary	Nange	Wage**
Management	1		\$100,000			
Professional/Technical						
Sales						
Office/Administrative Support		<u> </u>				
Production Supervision		040.50	A 10 500			
Production	2	\$19.50	\$40,560			
Maintenance						
Other Total	3		\$140,560			
Full-time jobs to be created as a result		<u>i</u>	φ 140,500			
Tan-time jobs to be created as a result	Number of	Average Hourly	Average			Median Annual
	Jobs	Wage*	Annual Wage*	Salary	Range*	Wage**
Management	1		\$160,000			
Professional/Technical						
Sales						
Office/Administrative Support	3			plus bonus	<u> </u>	\$64,000
Production Supervision	2			plus bonus		\$70,000
Production	40	\$23.60	\$1,963,520		<u> </u>	
Maintenance	1		\$70,000	plus bonus	*****	
Other	47		AD FOE 400			
Total	47 *D= NO	Tinclude costs of a	\$2,525,120			
** Median Annual Wage:			•	the everage (mea	nl oolos:	
Additional financial compensation (atta				trie average (mea	n) salary	
Explain in detail, by job category, any addi				oles may includ	le commission.	honus.
overtime, piece rate, attendance, etc.)		ози.ролювалот		,,]
		· · · · · · · · · · · · · · · · · · ·				
Bonus under management incentive plan	or sales incenti	ve plan ranging	10% to 20% o	f base for Mana	agement and S	ales positions.
Projected Phasing of new jobs			: '			
Calendar Year		2023	2024	2025	2026	Total
Management			1			1
Professional/Technical						0
Sales						0
Office/Administrative Support			2	1	4	3 2
Production Supervision Production				26	14	40
Maintenance					<u> </u>	1
think the contract of the cont						

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Total 0 3 29 15 47

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				provides	to workers who r	ave been employed for 6 months or longer. T
mpany must pay at least 70%	% of the b	enetit co	st.	1	x I	Comments
Health Insurance	Yes	X	No			Commens
Dental Insurance	Yes	1	No	X		· · · · · · · · · · · · · · · · · · ·
Vision Insurance	Yes		No	X		
Life Insurance	Yes		No	X		
Disability Insurance	Yes	1 .	No	X		
Sick Leave (Paid)	Yes		No	X		
Vacation (Paid)	Yes	X	No			
Holidays (Paid)	Yes	X	No			
Personal Days (Paid)	Yes		No	X		
Employee Training	Yes	X	No			
Tuition Reimbursement	Yes		No	X		
401K/Pension	Yes	Х	No			
ESOP/Profit Sharing	Yes		No	Х		
Uniforms	Yes	X	No	1		

Signature

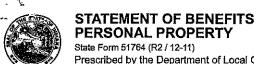
Indiana Code 6-1.1-12.1-14 provides that the designating body for the tax phase-in requested, may impose a fee not exceeding 15% of the reduction in property taxes to which the undersigned applicant is entitled in each year in which the undersigned applicant's property tax liability is reduced by a deduction approved pursuant to this application.

The undersigned applicant consents to the following:

- Imposition of this fee provided that such fee is not more than fifteen percent (15%) of the reduction of property taxes for any tax year. These fees will be used for future Economic Development efforts.
- The current assessed tax base for this property will not be appealed over the tax phase-in period unless one of the exceptions in the tax phase-in policy applies.
- Filing this application constitutes a request for Economic Revitalization Area designation only and does not constitute an automatic reduction of property taxes. I understand it is the responsibility of property owners to file the appropriate forms on an annual basis with the Elkhart County Auditor and other governing bodies, as required, to receive any reduction of property taxes.
- I certify the information and representations of this application are true and complete.
- I further certify that I am the owner/taxpayer or have the authority of the owner/taxpayer to make this application and to consent to the fee as described above.

Signature	Simethanoli			
Printed	Mendel to swing			
Title	CSO	Date	316124	

ATTACHMENTS: Include all relevant Statement of Benefits (SB-1) forms



Prescribed by the Department of Local Government Finance

PRIVACY NOTICE

The cost and any specific individual's salary information is confidential; the balance of the filing is public record per IC 6-1.1-12.1-5.1 (c) and (d).

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. "Projects" planned or committed to after July 1, 1987, and areas designated after July 1, 1987, require a STATEMENT OF BENEFITS. (IC 6-1.1-12.1)
- 2. Approval of the designating body (City Council, Town Board, County Council, etc.) must be obtained prior to installation of the new manufacturing equipment and/or research and development equipment and/or logistical distribution equipment and/or information technology equipment, BEFORE a deduction may
- 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 March 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 March 1 and the extended due date of that year.
- 4. Property owners whose Statement of Benefits was approved after June 30, 1991, must submit Form CF-1 / PP annually to show compliance with the Statement of Benefits. (IC 6-1.1-12.1-5.6)
- 5. The schedules established under IC 6-1.1-12.1-4.5(d) and (e) apply to equipment installed after March 1, 2001, unless an alternative deduction schedule is

adopted by the design	anny body (10 0-1.1-12.	1-17).									
SECTION 1			TAXPAYER	INFOR	RMATIC	ON .					
Name of taxpayer			•		•						
Consolidated M	etals Inc.										
Address of taxpayer (number	and street, city, state, and I	ZIP code)									
625 E. Twiggs St S	te 110 PMB 97617	, Tampa, F	L 33602								
Name of contact person								Telephone nur	nber		
Silvia Hansell	•							(515) 554	-4979		
SECTION 2	<u>. </u>	OCATION AN	ND DESCRIPT	ION O	F PRO	POSED PRO	JECT				
Name of designating body						** ***		Resolution nu	mber (s)		
Location of property					County	v	٠.	DLGF taxing of	listrict nu	umber	••••••••••••••••••••••••••••••••••••••
1150 Bloomingdale	Dr., Bristol, IN 46507	•			Elkh	art		_			
			evelopment e	quipme	nt	T	····		ESTIM	IATED	-
Description of manufactur and/or logistical distribution (use additional sheets if n	n equipment and/or info	rmation techi	nologý equipm	ent.				START DA			LETION DATE
(use additional streets if the	ecessary)					Monufacturit	ng Equipment				
Steel Mills and	Cutting Equipme	ent				wanuacun	ig Equipment				 ,
	0 . 1					R & D Equip	ment				
						Logist Dist E	quipment	•			
						IT Equipmen	ıt				
SECTION 3	ESTIMATE OF	EMPLOYEE	S AND SALA	RIES A	S RES	ULT OF PRO	POSED PRO	JECT			
Current number	Salaries	Number	retained	Sa	alaries		Number ad	lditional	Salar	ies	· · · · · · · · · · · · · · · · · · ·
3	140,560.00	3		1	140,56	60.00	47		2,5	525,12	0.00
SECTION 4	ESTI	MATED TOTA	AL COST AND	VALU	E OF F	PROPOSED F	ROJECT				at, eg Aly
NOTE: Pursuant to IC 6-	1.1-12.1-5.1 (d) (2) the		CTURING PMENT	R8	DEQ	UIPMENT	LOGIS EQUIP		п	r EQUI	PMENT
COST of the property is of	confidential.	COST	ASSESSED VALUE	co	ST	ASSESSED VALUE	COST	ASSESSED VALUE	co	ST	ASSESSED VALUE
Current values		1,857,000.00					215,000.00		21,000.0)0	
Plus estimated values of	proposed project	8,694,500.00					185,000.00				
Less values of any proper	rty being replaced										
Net estimated values upo	n completion of project	10,551,500.00					400,000.00		21,000.0	00	
SECTION 5	WASTE CO	NVERTED A	ND OTHER B	ENEFIT	TS PRO	OMISED BY T	HE TAXPAYE	R			
Estimated solid waste con	nverted (pounds)			Estim	ated h	azardous was	te converted (pounds)			
Other benefits:											
SECTION 6			TAXPAYER	CERTIF	ICATION	ON					
	I hereb	certify that t	he representa			the state of the s	ue.			- 1 25 S	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS
Signature of authorized repres					Title			Date signed (n	nonth, da	ay, yeari	
XVVVel	ensell				4	ED.		حالت	12	1	

	ea has been limited to a pe	ried of time not to exceed	calendar vears *	(see below). The date this designation expire
	<u> </u>		,	
 Installation of r Installation of r Installation of r 	tion that is allowed in the d ew manufacturing equipmo ew research and developn ew logistical distribution ed ew information technology	nent equipment; quipment.	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No	
The amount of dec		nanufacturing equipment is limite	ed to \$	cost with an assessed value of
. The amount of dec		esearch and development equip	ment is limited to \$	cost with an assessed value o
. The amount of dec		gistical distribution equipment is	s limited to \$	cost with an assessed value of
The amount of dec		formation technology equipmen	t is limited to \$	cost with an assessed value of
		·		
. Other limitations of	conditions (specify)	<u> </u>	velopment equipment and	or new logistical distribution equipment and/c
Other limitations of	conditions (specify)	ent and/or new research and de	velopment equipment and deduction on or after July 1 rior to July 1, 2000, <u>only</u> a	or new logistical distribution equipment and/o
Other limitations of the deduction for the new information te 1 year 2 years 3 years 4 years 5 years ** Did the designating	conditions (specify) new manufacturing equipm chnology equipment install 6 years 7 years 8 years 9 years 10 years **	ent and/or new research and de ed and first claimed eligible for c ** For ERA's established p 5 or 10 year schedule m deduction schedule per IC 6-1.	velopment equipment and leduction on or after July 1 rior to July 1, 2000, only a lay be deducted.	or new logistical distribution equipment and/c
Other limitations of the deduction for the new information te 1 year 2 years 3 years 4 years 5 years ** Did the designating If yes, attach a copesso we have reviewed.	conditions (specify) new manufacturing equipm chnology equipment install 6 years 7 years 8 years 9 years 10 years ** y body adopt an alternative y of the alternative deducti	ent and/or new research and de ed and first claimed eligible for o ** For ERA's established p 5 or 10 year schedule m deduction schedule per IC 6-1, on schedule to this form.	velopment equipment and/leduction on or after July 1 rior to July 1, 2000, only a ay be deducted. 1-12.1-17? Yes [or new logistical distribution equipment and/o
Other limitations of new information te law information to law information in law information in law information in law information in	conditions (specify) new manufacturing equipm chnology equipment install 6 years 7 years 8 years 9 years 10 years ** y body adopt an alternative y of the alternative deducti	ent and/or new research and de ed and first claimed eligible for o ** For ERA's established p 5 or 10 year schedule m deduction schedule per IC 6-1. on schedule to this form. in the statement of benefits and to justify the deduction describe	velopment equipment and/leduction on or after July 1 rior to July 1, 2000, only a ay be deducted. 1-12.1-17? Yes [or new logistical distribution equipment and/o , 2000, is allowed for: ⊇No

STATEMENT OF BENEFITS REAL ESTATE IMPROVEMENTS

Redevelopment or rehabilitation of real estate improvements (IC 6-1.1-12.1-4)

State Form 51767 (R6 / 10-14)

Residentially distressed area (IC 6-1.1-12.1-4.1)

Prescribed by the Department of Local Government Finance

This statement is being completed for real property that qualifies under the following Indiana Code (check one box):

20 24 PAY 20___

FORM SB-1 / Real Property

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 6-1.1-12.1-5.1.

INIC	TOI	107	$\Gamma I \cap$	MIC.

- 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 the redevelopment or rehabilitation of real property for which the person wishes to claim a deduction.
- The statement of benefits form must be submitted to the designating body and the area designated an economic revitalization area before the initiation of the redevelopment or rehabilitation for which the person desires to claim a deduction.
- 3. To obtain a deduction, a Form 322/RE must be filed with the County Auditor before May 10 in the year in which the addition to assessed valuation is made or not later than thirty (30) days after the assessment notice is mailed to the property owner if it was mailed after April 10. A property owner who failed to file a deduction application within the prescribed deadline may file an application between March 1 and May 10 of a subsequent year.
- 4. A property owner who files for the deduction must provide the County Auditor and designating body with a Form CF-1/Real Property. The Form CF-1/Real Property should be attached to the Form 322/RE when the deduction is first claimed and then updated annually for each year the deduction is applicable. IC 6-1.1-12.1-5.1(b)
- For a Form SB-1/Real Property 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/Real Property 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

remains in eπect.	JC 6-1.1-12.1-17	4				
SECTION 1		TAXPAY	ER INFORMATION			
Name of taxpayer				· · · · · · · · · · · · · · · · · · ·		
Consolidated M	etals Inc.					
Address of taxpayer (nu	mber and street, city, state, and 2	(IP code)	· · · · · · · · · · · · · · · · · · ·			
	St Ste 110 PMB 97617,	Tampa, FL 33602				
Name of contact person			Telephone number		E-mail add	iress
Silvia Hansell			(515)554-4979		silvia@	consolidatedmet.com
SECTION 2		LOCATION AND DESCR	RIPTION OF PROPOSED PR	OJECT		
Name of designating bo	dy				Resolution	number
Location of property			County		DLGF taxii	ng district number
Description of real prope	erty improvements, redevelopmen	nt, or rehabilitation (use additi	onal sheets if necessary)		Estimated	start date (month, day, year)
						·
					Estimated	completion date (month, day, year)
SECTION 3			LARIES AS RESULT OF PR			
Current number	Salaries	Number retained	Salaries	Number add	litional	Salaries
3.00	\$140,650.00	3.00	\$140,650.00	47.00		\$2,525,120.00
SECTION 4	E \$	STIMATED TOTAL COST	AND VALUE OF PROPOSE			
				AL ESTATE I	1	
0			COST			ASSESSED VALUE
Current values				1,260,645.00		1,362,500.00
	ues of proposed project			2,225,000.00		2,225,000.00
	property being replaced es upon completion of projec	.4		0.405.045.00		0 507 500 00
SECTION 5			IER BENEFITS PROMISED	3,485,645.00	AVCD	3,587,500.00
OECHOIC 3	The state of the s	CONVERTED AND OTE	TEK BENEFITS PROMISED	DI THE TANK	ATEX	
Estimated solid wa	ste converted (pounds)		Estimated hazardous v	vaste converte	ed (pounds)
Other benefits						
			•			
SECTION 6		TAXPAYER	CERTIFICATION			19 (A) 人名英格兰 电极
I hereby certify th	nat the representations in	this statement are true.	ī			
Signature of authorizedly	representative				Date signed	d (month, day, year)
SVM BY	phusell				316	,124
Printed narie of authoriz	ed representative		Title	6		•
DI MA	Johnsel)	•		U.		

See the letter of the second		FOR USE OF THE I	DESIGNATING B	ODY	
We find that the applicant meets the under IC 6-1.1-12.1, provides for the second seco	ne general standar he following limitat	ds in the resolution additions:	pted or to be ado	pted by this body. Said	resolution, passed or to be passed
A. The designated area has be expires is	een limited to a pe	riod of time not to exceed	ed	_calendar years* (see t	below). The date this designation
B. The type of deduction that is Redevelopment or rehab Residentially distressed a	ilitation of real esta	-	to: Yes N Yes N		
C. The amount of the deductio	n applicable is limi	ted to \$.		
D. Other limitations or condition	ns (specify)				
E. Number of years allowed:	☐ Year 1 ☐ Year 6	☐ Year 2 ☐ Year 7	☐ Year 3 ☐ Year 8	☐ Year 4 ☐ Year 9	☐ Year 5 (* see below) ☐ Year 10
F. For a statement of benefits a Yes No If yes, attach a copy of the a If no, the designating body is We have also reviewed the information of that the totality of benefits a	batement schedul s required to estab	e to this form. lish an abatement sche he statement of benefit	edule before the d	eduction can be determ	nined.
Approved (signature and title of authorized	member of designat	ing body)	Telephone number		Date signed (month, day, year)
Printed name of authorized member of des	ignating body		Name of designation	ng body .	
Attested by (signature and title of attester)			Printed name of at	tester	
* If the designating body limits the t taxpayer is entitled to receive a dec	ime period during luction to a numbe	which an area is an eco er of years that is less th	enomic revitalizati nan the number o	on area, that limitation years designated unde	does not limit the length of time a er IC 6-1.1-12.1-17.
2013, the designating body i (10) years. (See IC 6-1.1-12 B. For the redevelopment or rel	ct, The deduction s required to estab 1.1-17 below.) nabilitation of real esignating body re	period may not exceed blish an abatement sche property where the Formains in effect. For a Fo	five (5) years, Fo edule for each deo n SB-1/Real Prop orm SB-1/Real Pr	or a Form SB-1/Real Production allowed. The diserty was approved price operty that is approved.	operty that is approved after June 30, eduction period may not exceed ten or to July 1, 2013, the abatement after June 30, 2013, the designating
(2) The numbe (3) The averag (4) The infrasti (b) This subsection applie for each deduction allo	batement schedulemount of the taxpa or of new full-time of the wage of the new ructure requirement of a statement of the bowed under this che	e based on the following yer's investment in real equivalent jobs created. remployees compared its for the taxpayer's inverted in f benefits approved after	g factors: and personal pro to the state minin vestment. br June 30, 2013. chedule must spe	operty. num wage. A designating body sh	nd that receives a deduction under all establish an abatement schedule ount of the deduction for each year of
(c) An abatement schedu	le approved for a		re July 1, 2013, r	emains in effect until th	e abatement schedule expires under