



# COMPLIANCE WITH STATEMENT OF BENEFITS UTILITY DISTRIBUTABLE PROPERTY

State Form 52448 (R2 / 1-11)

Prescribed by the Department of Local Government Finance

**FORM  
CF - 1 / UD**

**INSTRUCTIONS:**

1. Property owners whose Statement of Benefits was approved after June 30, 1991, must file this form with the county assessor and 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 form UD-ERA between March 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 March 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 / UD).
4. This form is for use 2006 pay 2007 and after.

SECTION 1 TAXPAYER INFORMATION		
Name of taxpayer	Name of contact person	
Address of taxpayer (number and street, city, state and ZIP code)	E-mail address of contact person	
	Telephone number ( )	Fax number ( )

SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY		
Name of designating body	Resolution number	
Location of property	County	Taxing district
Description and purpose or use of new manufacturing equipment and/or new research and development equipment and/or new logistical distribution equipment and/or new information technology equipment to be acquired. (use additional sheets if necessary)	Estimated start date (month, day, year)	
	Estimated completion date (month, day, year)	

SECTION 3 EMPLOYEES AND SALARIES		
	As estimated on SB-1	Actual
Current number of employees		
Salaries		
Number of employees retained		
Salaries		
Number of additional employees		
Salaries		

SECTION 4 TOTAL COST AND VALUE OF PROJECT								
NOTE: Pursuant to IC 6-1.1-12.1-5.6 (d) the COST of the property is confidential.	Manufacturing Equipment		Research & Development Equipment		Logistical Distribution Equipment *		Information Technology Equipment *	
	Cost	True Tax Value	Cost	True Tax Value	Cost	True Tax Value	Cost	True Tax Value
Values before project								
Plus values of proposed project								
Less values of any property being replaced								
Net values upon completion of project								

SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER		
	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	Title	Date signed (month, day, year)
E-mail address	Telephone number ( )	Fax number ( )

\* See IC 6-1.1-12.1-2.3.

