



# BUSINESS TANGIBLE PERSONAL PROPERTY RETURN

State Form 11274 (R41 / 12-21)  
Prescribed by the Department of Local Government Finance

FORM 103 - SHORT

### PRIVACY NOTICE

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

JANUARY 1, 2022

For Assessor's Use Only

NOTE: For taxpayers with less than \$80,000 in acquisition costs to report within the county, legislation was passed in 2021 which exempts this property. If you are declaring this exemption, check this box, enter the total acquisition cost of your personal property in the county, and complete only sections I, II, and IV of this form. If you are declaring this exemption through this form, you also need to file a Form 104.

\$ \_\_\_\_\_ <---- TOTAL ACQUISITION COST

RETURN THIS FORM TO THE APPLICABLE ASSESSOR BY MAY 16, 2022.

An exemption granted under IC 6-1.1-10 or any other statute supersedes this exemption. In other words, a taxpayer whose personal property is exempt because the taxpayer applied for and was granted an exemption by the county must follow all applicable procedures for the approved exemption, which may include fully completing the personal property return.

If property is in more than one (1) location, what is the address for the location where the sum of acquisition costs for the property is greatest?

### INSTRUCTIONS:

1. Please type or print.
2. This form must be filed with the township assessor, if any, or the county assessor of the county in which the property is located not later than May 16, 2022, unless an extension of up to thirty (30) days is granted in writing. Contact information for the assessor is available at: <http://www.in.gov/dlqf/2440.htm>.
3. A Form 104 must be filed with this return.

NOTE: You must use Form 103-Long if:

- a. You are a manufacturer or processor;
- b. Your business personal property assessment is \$150,000 or more;
- c. You wish to claim any exemptions or deductions (other than the enterprise zone credit); or
- d. You are claiming any special adjustments such as equipment not placed in service, special tooling, permanently retired equipment or abnormal obsolescence.

### SECTION I

Name of taxpayer		Name under which business is conducted		Federal identification number **	
Nature of business		DLGF taxing district name		DLGF taxing district number	
NAICS Code number *	Retail merchant's certificate number	Township	County		
Address where property is located (number and street)			City	State	ZIP code
Address to which Assessment and Tax Notice should be mailed (if different than above)			City	State	ZIP code

### SECTION II

1. Federal income tax year ends	2. Location of accounting records	Address (number and street)		City	State	ZIP code
3. Form of business						
<input type="checkbox"/> Partnership or Joint Venture		<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Corporation		<input type="checkbox"/> Estate or Trust
<input type="checkbox"/> Other (describe): _____						
4. Do you have other locations in Indiana?		5. Did you own, hold, possess or control any leased, rented or other depreciable personal property on January 1?				
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, file the Form 103-N or 103-O (See 50 IAC 4.2-8-3 and 4). Note: Failure to properly disclose lease information may result in a double assessment.						

### SECTION III

SUMMARY (Round all numbers to nearest ten dollars)	REPORTED BY TAXPAYER	CHANGE BY ASSESSOR	CHANGE BY COUNTY BOARD
Schedule A - Personal Property =	\$	\$	\$
Final Assessed Value =	\$	\$	\$

### SECTION IV

### SIGNATURE AND VERIFICATION

Under penalties of perjury, I hereby certify that this return (including any accompanying schedules and statements), to the best of my knowledge and belief, is true, correct, and complete; if applicable, reports all tangible personal property subject to taxation owned, held, possessed or controlled by the named taxpayer in the stated township or taxing district on the assessment date, as required by law; and is prepared in accordance with IC 6-1.1 et seq., as amended, and regulations promulgated with respect thereto.

Signature of authorized person	<---- REQUIRED SIGNATURE	Printed name of authorized person	Date (month, day, year)
Title of authorized person	Telephone number ( )	E-mail of authorized person	

\* NAICS - North American Industry Classification System - complete list of codes may be found at: [www.census.gov](http://www.census.gov).

NOTE: The NAICS Code Number appears on your federal income tax return.

\*\* An individual using his Social Security number as the Federal Identification number is only required to provide the last four (4) digits of that number per IC 4-1-10-3.