



**COMPLIANCE WITH STATEMENT OF BENEFITS  
PERSONAL PROPERTY**

State Form 51765 (R2 / 5-13)

Prescribed by the Department of Local Government Finance

**FORM CF-1 / PP**

- 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 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).

<b>SECTION 1 TAXPAYER INFORMATION</b>								
Name of taxpayer <b>HEITINK PLYWOOD TECHNOLOGIES</b>								
Address of taxpayer (number and street, city, state, and ZIP code) <b>1141 SUNRISE GREETINGS COURT, BLOOMINGTON, IN 47404</b>								
Name of contact person <b>GERRIT JAN BEREND HEITINK</b>						Telephone number <b>( 812 ) 336-1032</b>		
<b>SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY</b>								
Name of designating body <b>MONROE COUNTY COUNCIL</b>						Resolution number <b>2003-23,30</b>		
Location of property <b>1141 SUNRISE GREETINGS COURT, BLOOMINGTON IN</b>				County <b>MONROE</b>		DLGF taxing district number <b>53011</b>		
Description of new manufacturing equipment, or new research and development equipment, or new information technology equipment, or new logistical distribution equipment to be acquired. <b>Fully automated Whemhoner 6 opening press line, Buffering Sander, Homage Sizing Line, Q system conveyor line, Altendorft panel saw and Holzma Optimat Panel Saw</b>						Estimated starting date (month, day, year) <b>07/01/2005</b>		
						Estimated completion date (month, day, year) <b>11/01/2005</b>		
<b>SECTION 3 EMPLOYEES AND SALARIES</b>								
<b>EMPLOYEES AND SALARIES</b>						<b>AS ESTIMATED ON SB-1</b>		<b>ACTUAL</b>
Current number of employees						25 00		27 00
Salaries						707,200 00		708,440 00
Number of employees retained						0 00		27 00
Salaries						0 00		708,440 00
Number of additional employees						5 00		5 00
Salaries						93,600 00		93,600 00
<b>SECTION 4 COST AND VALUES</b>								
	<b>MANUFACTURING EQUIPMENT</b>		<b>R &amp; D EQUIPMENT</b>		<b>LOGIST DIST EQUIPMENT</b>		<b>IT EQUIPMENT</b>	
	<b>COST</b>	<b>ASSESSED VALUE</b>	<b>COST</b>	<b>ASSESSED VALUE</b>	<b>COST</b>	<b>ASSESSED VALUE</b>	<b>COST</b>	<b>ASSESSED VALUE</b>
<b>AS ESTIMATED ON SB-1</b>								
Values before project								
Plus: Values of proposed project								
Less: Values of any property being replaced								
Net values upon completion of project								
<b>ACTUAL</b>								
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 (d).</b>								
<b>SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYER</b>								
<b>WASTE CONVERTED AND OTHER BENEFITS</b>						<b>AS ESTIMATED ON SB-1</b>		<b>ACTUAL</b>
Amount of solid waste converted						0.00		0.00
Amount of hazardous waste converted						0.00		0.00
Other benefits:								
<b>SECTION 6 TAXPAYER CERTIFICATION</b>								
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>05/14/2014</b>		

**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 Township 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.
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 Township 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) \_\_\_\_\_

Reasons for the determination (attach additional sheets if necessary)

Signature of authorized member <i>[Signature]</i>	Date signed (month, day, year) 6-10-14
Attested by: <i>[Signature]</i>	Designating body Monroe County 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
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**HEARING RESULTS (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	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 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.