



SCHEDULE OF ADJUSTMENTS TO BUSINESS TANGIBLE PERSONAL PROPERTY RETURN

State Form 12980 (R17 / 12-20)

Prescribed by Department of Local Government Finance

FORM 106

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

JANUARY 1, 20 _____
For Assessor's Use Only

INSTRUCTIONS: Please file with Form 102 or 103.

Name of taxpayer		DLGF taxing district number	
Name under which business is conducted	Township	County	
Address where property is located (<i>number and street</i>)	City	State	ZIP code

IF A TAXPAYER CLAIMS ANY ADJUSTMENT ON THE VALUE OF HIS PROPERTY, THIS FORM MUST BE FILED, EXPLAINING IN DETAIL THE JUSTIFICATION FOR THE ADJUSTMENT, DESCRIBING THE ITEM OR ITEMS AFFECTED, AND THE BASIS OR METHOD USED IN ARRIVING AT THE AMOUNT CLAIMED. NO ADJUSTMENT WILL BE ALLOWED WITHOUT A VALID BASIS. FAILURE OF THE TAXPAYER TO GIVE THE DETAILED EXPLANATION REQUESTED ON THE FORM MAY RESULT IN A DENIAL OF THE ADJUSTMENT BY THE ASSESSOR. IF THE SPACE PROVIDED IS NOT SUFFICIENT, ATTACH A SEPARATE SHEET OR SHEETS.

DEPRECIABLE AND OTHER

- (1) Adjust cost to federal tax basis - 50 IAC 4.2-4-4
 - (2) Permanently retired equipment (*Deduct total cost and report scrap value on Form 103, Schedule A, Line 57*) - 50 IAC 4.2-4-3(c) and (d)
 - (3) Deduct abnormal depreciable asset obsolescence, only if qualified - 50 IAC 4.2-4-8 and 50 IAC 4.2-9
Any overall obsolescence claimed must also be applied to any abatement claimed.
Calculations must be separately shown for the abated assessments.
 - (4) Critical spare parts - 50 IAC 4.2-6-6
 - (5) Returnable containers - 50 IAC 4.2-6-4
- SPECIAL TOOLING MUST BE COMPUTED ON FORM 103-T. (50 IAC 4.2-6-2)
COMMERCIAL AIRCRAFT AND COMMERCIAL BUSES MUST BE COMPUTED ON FORM 103-I. (50 IAC 4.2-10)

Show and Explain All Calculations Below.

SIGNATURE AND VERIFICATION

I hereby certify to the best of my knowledge and belief that the facts stated as bases for the adjustments claimed are true and complete and that the adjustments claimed hereon are required to produce true tax value of the property affected as defined by 50 IAC 4.2-1-1.1(t).

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

EXPLANATION OF ADJUSTMENT

(If more space is needed, attach additional sheet or sheets.)

		DEPRECIABLE AND OTHER
Total Adjustment Claimed by Taxpayer		
Total Adjustment Allowed by Assessor		