

**BUSINESS TANGIBLE PERSONAL  
PROPERTY ASSESSMENT RETURN**

State Form 11405 (R48 / 11-23)

Prescribed by the Department of Local Government Finance

**FORM 103 – LONG****PRIVACY NOTICE**This form contains confidential  
information pursuant to IC 6-1.1-35-9.**JANUARY 1, 2024**

For Assessor's Use Only

NOTE: For taxpayers with less than \$80,000 in acquisition costs to report within the county, IC 6-1.1-3-7.2 exempts this property. If you are claiming 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 claiming this exemption through this form, you must also file a Form 104. If you filed a return and claimed this exemption in a previous assessment year and you continue to qualify for this exemption, no return is required.

☐ \$ \_\_\_\_\_

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?

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.

**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 15, 2024, unless an extension of up to thirty (30) days is granted in writing. Contact information for the assessor is available at: <https://www.in.gov/dlqf/contact-your-local-officials/>.
3. A Form 104 must be filed with this return.

**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 Notification Should Be Mailed (if different than above) |                                      |                                        | City | State                            | ZIP Code |

**SECTION II**

|                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                     |  |      |       |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------|-------|----------|
| 1. Federal Income Tax Year Ends: _____                                                                                                                                                                                                 |  | Name Filed Under: _____                                                                                                                                                                                                             |  |      |       |          |
| 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<br><input type="checkbox"/> Other, describe: _____ |  |      |       |          |
| 4. Do you have other locations in Indiana?                                                                                                                                                                                             |  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                            |  |      |       |          |
| 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 (50 IAC 4.2-8)                                                                                                                                                             |  |      |       |          |
| 6. Did you own, hold, possess, or control any Special Tools on January 1?                                                                                                                                                              |  | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Form 103 – T. (50 IAC 4.2-6-2)                                                                                                                            |  |      |       |          |
| 7. Did you own, hold, possess, or control any returnable containers on January 1?                                                                                                                                                      |  | <input type="checkbox"/> Yes <input type="checkbox"/> No (50 IAC 4.2-6-4)                                                                                                                                                           |  |      |       |          |
| If taxpayer answers "yes" to question 5, the owner must file Form 103 – O and the possessor must file Form 103 – N. Failure to properly disclose lease information may result in a double assessment. (50 IAC 4.2-2 and 50 IAC 4.2-8). |  |                                                                                                                                                                                                                                     |  |      |       |          |
| * NAICS - North American Industry Classification System - A complete list of codes may be found at <a href="http://www.census.gov">www.census.gov</a> . Note: Number appears on your federal income tax return.                        |  |                                                                                                                                                                                                                                     |  |      |       |          |
| ** An individual using his/her Social Security number as the federal identification number is only required to provide the last four (4) digits of that number. [IC 4-1-10-3]                                                          |  |                                                                                                                                                                                                                                     |  |      |       |          |

**CHANGE IN STATUS BY THIS TAXPAYER SINCE THE LAST ASSESSMENT DATE (SOLD OR MOVED)***If personal property reported in this taxing district last year has either been sold or moved to another location, no return is required.*

|                                                                                                                                  |  |                              |                             |                              |            |
|----------------------------------------------------------------------------------------------------------------------------------|--|------------------------------|-----------------------------|------------------------------|------------|
| 6. If you sold all of your personal property to another owner, did it remain in the same taxing district?                        |  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |            |
| 7. If you sold all of your personal property to another owner and it remained in the same taxing district, who is the new owner? |  |                              |                             |                              |            |
| 8. Do you still own personal property that was moved from this taxing district?                                                  |  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Date Moved |

**SECTION III**

| SUMMARY (Round all numbers to nearest ten dollars) | REPORTED BY TAXPAYER | CHANGE BY ASSESSOR | CHANGE BY THE COUNTY BOARD |
|----------------------------------------------------|----------------------|--------------------|----------------------------|
| SCHEDULE A - PERSONAL PROPERTY                     | \$                   | \$                 | \$                         |
| DEDUCTION PER FORM 103 – ERA OR FORM 103 – CTP -   | \$                   | \$                 | \$                         |
| 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 |  | Printed Name of Authorized Person |                            | Date (month, day, year) |
| Title of Authorized Person     |  | Telephone Number<br>( )           | Email of Authorized Person |                         |

## SECTION V

| FORM 103 – LONG<br>See 50 IAC 4.2-4                                           |                                                                                                                                                                     | TANGIBLE PERSONAL PROPERTY<br>CONFIDENTIAL |                                       |                                         | JANUARY 1, 2024                          |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------|-----------------------------------------|------------------------------------------|
| <b>Line</b>                                                                   | Report all personal property assessable to this taxpayer below. <i>(Round all figures below to nearest dollar)</i>                                                  |                                            |                                       |                                         | Federal Identification Number            |
| <b>1</b>                                                                      | Total cost of tangible depreciable personal property. <i>(50 IAC 4.2-4-2)</i>                                                                                       |                                            |                                       |                                         | \$                                       |
| <b>2</b>                                                                      | Adjustment to federal tax basis per Form 106. <i>(50 IAC 4.2-4-4)</i>                                                                                               |                                            |                                       |                                         | \$                                       |
| <b>3</b>                                                                      | Total cost and base year value of tangible depreciable personal property. <i>(Line 1 plus 2)</i>                                                                    |                                            |                                       |                                         | \$                                       |
| <b>Deduct Exempt Property (See 50 IAC 4.2-11.1)</b>                           |                                                                                                                                                                     |                                            |                                       | <b>COST</b>                             |                                          |
| <b>4</b>                                                                      | Stationary industrial air purification systems. <i>(Attach Form 103 – P)</i>                                                                                        |                                            |                                       | \$                                      |                                          |
| <b>5</b>                                                                      | Industrial waste control facilities. <i>(Attach Form 103 – P)</i>                                                                                                   |                                            |                                       | \$                                      |                                          |
| <b>6</b>                                                                      | Enterprise information technology equipment. <i>(Attach Form 103 – IT)</i>                                                                                          |                                            |                                       | \$                                      |                                          |
| <b>7</b>                                                                      | Vehicles / airplanes subject to excise tax.                                                                                                                         | Number of Units                            |                                       | \$                                      |                                          |
| <b>Total Cost of Exempt Property (Deduct from Line 3 and enter on Line 8)</b> |                                                                                                                                                                     |                                            |                                       |                                         |                                          |
| <b>8</b>                                                                      | <b>Subtotal</b>                                                                                                                                                     |                                            |                                       |                                         | \$                                       |
| <b>Additions: See 50 IAC 4.2-1-1.1 and 50 IAC 4.2-4-3(b) and 4</b>            |                                                                                                                                                                     |                                            |                                       |                                         |                                          |
| <b>9</b>                                                                      | Cost of all depreciable personal property still in use but written off. <i>(50 IAC 4.2-4-3(b))</i>                                                                  |                                            |                                       |                                         | \$                                       |
| <b>10</b>                                                                     | Cost of installation and foundations applicable to depreciable personal property. <i>(50 IAC 4.2-4-2(d))</i>                                                        |                                            |                                       |                                         | \$                                       |
| <b>11</b>                                                                     | Cost of interest incurred during construction and installation applicable to depreciable personal property. <i>(50 IAC 4.2-4-3(j))</i>                              |                                            |                                       |                                         | \$                                       |
| <b>12</b>                                                                     | <b>Total Cost and Base Year Value of Assessable Depreciable Personal Property.</b><br><i>(Add Lines 8, 9, 10, and 11. Line 12 must agree with Line 52 Column A)</i> |                                            |                                       |                                         | \$                                       |
| <b>POOLING SUMMARY</b><br><i>(From Schedule A-1 or Form 103 – P5)</i>         |                                                                                                                                                                     | <b>TOTAL COST</b><br><b>COLUMN A</b>       | <b>ADJUSTMENTS</b><br><b>COLUMN B</b> | <b>ADJUSTED COST</b><br><b>COLUMN C</b> | <b>TRUE TAX VALUE</b><br><b>COLUMN D</b> |
| <b>52</b>                                                                     | <b>Total All Pools</b>                                                                                                                                              | \$                                         | \$                                    | \$                                      | \$                                       |
| <b>53</b>                                                                     | 30% of Adjusted Cost <i>(Line 52, Column C)</i> (enter zero (0) if filing Form 103 – P5 and entity is a qualified steel mill or oil refinery per IC 6-1.1-3-23).    |                                            |                                       |                                         | \$                                       |
| <b>54</b>                                                                     | Greater of Line 52D or Line 53.                                                                                                                                     |                                            |                                       |                                         | \$                                       |
| <b>Adjustments to True Tax Value</b>                                          |                                                                                                                                                                     |                                            |                                       |                                         |                                          |
| <b>55</b>                                                                     | Equipment not placed in service and/or critical spare parts <i>(50 IAC 4.2-6-1 &amp; 6)</i> per Form 106.                                                           | Cost<br>\$                                 |                                       | <b>x 10%</b>                            | \$                                       |
| <b>56</b>                                                                     | Tools, dies, jigs, fixtures, etc., per Form 103 – T. <i>(50 IAC 4.2-6-2)</i>                                                                                        |                                            | Cost<br>\$                            |                                         | \$                                       |
| <b>57</b>                                                                     | Permanently retired equipment <i>(50 IAC 4.2-4-3)</i> and/or returnable containers <i>(50 IAC 4.2-10)</i> per Form 106.                                             |                                            | Cost<br>\$                            |                                         | \$                                       |
| <b>58</b>                                                                     | Commercial aircraft and commercial bus line fleet, not subject to excise tax per Form 103 – I. <i>(50 IAC 4.2-10)</i>                                               |                                            | Cost<br>\$                            |                                         | \$                                       |
| <b>59</b>                                                                     | <b>Total additions to True Tax Value. (Lines 55, 56, 57, and 58)</b>                                                                                                |                                            |                                       |                                         | \$                                       |
| <b>60</b>                                                                     | <b>Total True Tax Value before adjustments for "Abnormal Obsolescence." (Line 54 plus Line 59)</b>                                                                  |                                            |                                       |                                         | \$                                       |
| <b>61</b>                                                                     | Abnormal Obsolescence Adjustment per Form 106. <i>(50 IAC 4.2-4-8)</i>                                                                                              |                                            |                                       |                                         | \$                                       |
| <b>62</b>                                                                     | <b>Total True Tax Value of personal property. (To Page 1, Form 103 Summary)</b>                                                                                     |                                            |                                       |                                         | \$                                       |

|                                                                                                                                                                                                                                                                                                                                                                                         |                                                          |                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------|
| <b>FORM 103 – LONG</b><br>See 50 IAC 4.2-4                                                                                                                                                                                                                                                                                                                                              | <b>TANGIBLE PERSONAL PROPERTY</b><br><b>CONFIDENTIAL</b> | <b>SCHEDULE A-1</b><br><b>JANUARY 1, 2024</b> |
| ** The total cost of special tools, dies, jigs, fixtures, etc., permanently retired equipment; commercial aircraft, and commercial bus line fleet, not subject to excise tax is to be deducted in full in Column B below. The true tax value of such property is to be computed on the proper Form(s) (103 – T, 106, AND 103 – I, respectively) and recorded on Line(s) 56, 57, and 58. |                                                          |                                               |

| ROUND ALL FIGURES BELOW TO THE NEAREST DOLLAR. |                     |                                  |                                                                       |               |         |                |
|------------------------------------------------|---------------------|----------------------------------|-----------------------------------------------------------------------|---------------|---------|----------------|
| YEAR OF ACQUISITION                            |                     | COLUMN A                         | COLUMN B                                                              | COLUMN C      |         | COLUMN D       |
| POOL NUMBER 1:<br>(1 TO 4 YEAR LIFE)           |                     | TOTAL COST OR<br>BASE YEAR VALUE | ADJUSTMENTS **<br><small>Detail Must Be Shown<br/>On Form 106</small> | ADJUSTED COST | T.T.V.% | TRUE TAX VALUE |
| 13                                             | 1-2-23 To 1-1-24    |                                  |                                                                       |               | 65      |                |
| 14                                             | 1-2-22 To 1-1-23    |                                  |                                                                       |               | 50      |                |
| 15                                             | 1-2-21 To 1-1-22    |                                  |                                                                       |               | 35      |                |
| 16                                             | Prior To 1-2-21     |                                  |                                                                       |               | 20      |                |
| 17                                             | TOTAL POOL NUMBER 1 | \$                               | \$                                                                    | \$            |         | \$             |
| POOL NUMBER 2: (5 TO 8 YEAR LIFE)              |                     |                                  |                                                                       |               |         |                |
| 18                                             | 1-2-23 To 1-1-24    |                                  |                                                                       |               | 40      |                |
| 19                                             | 1-2-22 To 1-1-23    |                                  |                                                                       |               | 56      |                |
| 20                                             | 1-2-21 To 1-1-22    |                                  |                                                                       |               | 42      |                |
| 21                                             | 1-2-20 To 1-1-21    |                                  |                                                                       |               | 32      |                |
| 22                                             | 1-2-19 To 1-1-20    |                                  |                                                                       |               | 24      |                |
| 23                                             | 1-2-18 To 1-1-19    |                                  |                                                                       |               | 18      |                |
| 24                                             | Prior To 1-2-18     |                                  |                                                                       |               | 15      |                |
| 25                                             | TOTAL POOL NUMBER 2 | \$                               | \$                                                                    | \$            |         | \$             |
| POOL NUMBER 3: (9 TO 12 YEAR LIFE)             |                     |                                  |                                                                       |               |         |                |
| 26                                             | 1-2-23 To 1-1-24    |                                  |                                                                       |               | 40      |                |
| 27                                             | 1-2-22 To 1-1-23    |                                  |                                                                       |               | 60      |                |
| 28                                             | 1-2-21 To 1-1-22    |                                  |                                                                       |               | 55      |                |
| 29                                             | 1-2-20 To 1-1-21    |                                  |                                                                       |               | 45      |                |
| 30                                             | 1-2-19 To 1-1-20    |                                  |                                                                       |               | 37      |                |
| 31                                             | 1-2-18 To 1-1-19    |                                  |                                                                       |               | 30      |                |
| 32                                             | 1-2-17 To 1-1-18    |                                  |                                                                       |               | 25      |                |
| 33                                             | 1-2-16 To 1-1-17    |                                  |                                                                       |               | 20      |                |
| 34                                             | 3-2-15 To 1-1-16    |                                  |                                                                       |               | 16      |                |
| 35                                             | 3-2-14 To 3-1-15    |                                  |                                                                       |               | 12      |                |
| 36                                             | Prior To 3-2-14     |                                  |                                                                       |               | 10      |                |
| 37                                             | TOTAL POOL NUMBER 3 | \$                               | \$                                                                    | \$            |         | \$             |
| POOL NUMBER 4: (13 YEAR AND LONGER LIFE)       |                     |                                  |                                                                       |               |         |                |
| 38                                             | 1-2-23 To 1-1-24    |                                  |                                                                       |               | 40      |                |
| 39                                             | 1-2-22 To 1-1-23    |                                  |                                                                       |               | 60      |                |
| 40                                             | 1-2-21 To 1-1-22    |                                  |                                                                       |               | 63      |                |
| 41                                             | 1-2-20 To 1-1-21    |                                  |                                                                       |               | 54      |                |
| 42                                             | 1-2-19 To 1-1-20    |                                  |                                                                       |               | 46      |                |
| 43                                             | 1-2-18 To 1-1-19    |                                  |                                                                       |               | 40      |                |
| 44                                             | 1-2-17 To 1-1-18    |                                  |                                                                       |               | 34      |                |
| 45                                             | 1-2-16 To 1-1-17    |                                  |                                                                       |               | 29      |                |
| 46                                             | 3-2-15 To 1-1-16    |                                  |                                                                       |               | 25      |                |
| 47                                             | 3-2-14 To 3-1-15    |                                  |                                                                       |               | 21      |                |
| 48                                             | 3-2-13 To 3-1-14    |                                  |                                                                       |               | 15      |                |
| 49                                             | 3-2-12 To 3-1-13    |                                  |                                                                       |               | 10      |                |
| 50                                             | Prior To 3-2-12     |                                  |                                                                       |               | 5       |                |
| 51                                             | TOTAL POOL NUMBER 4 | \$                               | \$                                                                    | \$            |         | \$             |
| 52                                             | TOTAL ALL POOLS     | \$                               | \$                                                                    | \$            |         | \$             |

NOTE: All Column B adjustments must be supported on Form 106, Form 103 – T, or Form 103 – I.

| CLOSED BUSINESS                                                                       |                                    |
|---------------------------------------------------------------------------------------|------------------------------------|
| 1. Has this business closed? <input type="checkbox"/> Yes <input type="checkbox"/> No | 2. Date of business closure: _____ |

## Filing Basics:

- **Taxpayers now have the opportunity to file personal property returns online at: [www.ppopin.in.gov](http://www.ppopin.in.gov).**
- For taxpayers with less than \$80,000 in acquisition costs to be reported within a county, Ind. Code § 6-1.1-3-7.2 exempts this property. If you are claiming this exemption through this form, you must also file a Form 104. If you filed a return and claimed this exemption in the previous assessment year and you continue to qualify for this exemption, no return is required.
- To locate contact information for the various county offices (assessor, auditor, and treasurer), locate forms, and learn more about Indiana's personal property tax system, go to: [www.in.gov/dlgf](http://www.in.gov/dlgf). Contact information for the assessor is available at: <https://www.in.gov/dlgf/contact-your-local-officials/>.
- Taxpayers may request up to a thirty (30) day extension of time to file their return. The written request should be sent to the assessor before the filing deadline of May 15, 2024, and should include a reason for the request. The assessor may, at their discretion, approve or disapprove the request in writing.
- Personal property must be assessed in each taxing district where property has a tax situs.
- Inventory located in the State of Indiana is exempt and is not required to be reported per Ind. Code § 6-1.1-1-11(b)(3).
- It is the responsibility of the taxpayer to obtain forms from the assessor and file a timely return. The forms are also available online at the Department's website: [www.in.gov/dlgf](http://www.in.gov/dlgf).
- If you hold, possess, or control not-owned personal property on the assessment date, you have a liability for the taxes imposed for that year unless you establish that the property is to be assessed to the owner. This is done by completing a Form 103 – N, attaching it to the Form 103 – Long, and filing it with the assessor. A taxpayer declaring the exemption on page one of this form may, as deemed necessary by the applicable assessor, needs to file Form 103 – O or Form 103 – N, as applicable, to verify that the individual is the appropriate taxpayer to claim the exemption.

NOTE: Failure to properly disclose lease information may result in a double assessment. (IC 6-1.1-2-4(a))

- Taxpayers who discover an error was made on their original timely filed personal property tax return have the right to file an amended return. The amended return must be filed within twelve (12) months of the due date or the extended due date (if up to a thirty (30) day extension was granted) of their original return. The deadline to amend this return, if no extension has been granted, is May 15, 2025.
- In order to reduce the possibility of an estimated assessment and failure to file a return penalty, taxpayers may elect to inform the assessor when personal property is sold or moved out of a county.

## Frequently Asked Questions:

### A. How do I find out my Taxing District Name and Number?

You will need to contact your county assessor for assistance since heavily populated areas can have several taxing districts within a single township. Additionally, taxing district names and numbers can be found at: <https://budgetnotices.in.gov/>.

### B. How do I find out my NAICS number?

This six-digit code number appears on the federal returns filed for businesses. For a complete list of the codes, go to: [www.census.gov](http://www.census.gov).

### C. Will my local assessor fill this form out for me?

Indiana's personal property tax system is a self-assessment system. An assessor can offer assistance with the filing; however, an authorized person representing the business must sign the form under penalties of perjury that it is true and correct so the responsibility of filing an accurate return remains with the taxpayer.

### D. How can I find contact information for the various county offices (assessor, auditor, or treasurer) throughout the State of Indiana, locate forms or learn more about Indiana's personal property tax system?

Go to the Indiana Department of Local Government Finance's website at: [www.in.gov/dlgf](http://www.in.gov/dlgf).

Contact information for the assessor is available at: <https://www.in.gov/dlgf/contact-your-local-officials/>.