



**SCHEDULE OF ADJUSTMENTS TO  
BUSINESS TANGIBLE PERSONAL  
PROPERTY RETURN**

State Form 12980 (R18 / 11-23)

Prescribed by the 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 Form 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 or her 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.**

**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**

\$

**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 ( <i>month, day, year</i> )
Title of Authorized Person	Telephone Number ( )	Email of Authorized Person		