

CITY & TOWN CLERK-TREASURERS
CITY CONTROLLERS
CITY CLERKS
SBOA ANNUAL TRAINING
JUNE 2012

State Distributions
Presented by

Dan Bastin, CPA
Settlement Director
Auditor of State

Topics

- Auditor of State (AOS) Vendor Record Structure
- Electronic Funds Transfer (EFT)
- Vendor Information Form
- State Disbursement Process
- State Agency Contacts
- Email Communications
- 2013 Budget Revenue Estimates
- AOS Website

AOS Vendor Record Structure

- Vendor Number
 - Every entity (including cities and towns) paid through the AOS office is assigned a vendor number
 - At the vendor number level is the vendor name
 - Other vendor information (i.e. mailing address, alternate names, email addresses, tax identification number, form of payment (check or EFT) is maintained at other sections of the vendor record

AOS Vendor Record Structure

- Vendor Address Section of the Vendor Record
 - We can have multiple address sequences for a vendor and each is labeled Addr 1, Addr 2, etc.
 - At each address sequence we obviously maintain the mailing address
 - We can also maintain alternate payment names and/or an alternate 1099 reporting name at the address sequence

AOS Vendor Record Structure

- Vendor Contacts Section of the Vendor Record
 - We can store and maintain email addresses
 - If payments are made to the vendor by electronic funds transfer (EFT), then the email addresses maintained at the Contact Section of the Vendor Record is (are) used to email EFT Notifications
 - If there is ever a reject on the email address, then future EFT Notifications are mailed until AOS receives an updated email address from the vendor

AOS Vendor Record Structure

- Vendor Location Section of the Vendor Record
 - Information stored at each Location sequence is
 - Tax Identification Number and 1099 reporting classification information
 - Method of payment (check or EFT) information
 - If EFT, then banking information
 - There can be multiple Location sequences for a vendor and each is typically labeled REMIT001, REMIT002, etc.
 - This gives us the ability to have more than one bank account for EFT payments
 - This comes into play for cities and towns with state agency payments to the utilities
 - We add the description "Utilities" to the Location Sequence applicable to utility payments

Electronic Funds Transfer (EFT)

- Accepting EFT from AOS is mandatory for all AOS payments except state distributions to local governmental entities
- Other exceptions are by waiver request
- EFT is very advisable for state distributions because EFT is
 - Faster and more secure than check, deposited to bank account on date of distribution and no chance of being lost in the mail
 - EFT Notification either emailed or mailed one business day before deposit
 - Guarantees compliance with daily deposit law
 - Earn interest sooner than check because money is in the bank sooner than check

Vendor Information Form

- Changes to a vendor record and/or enrolling in EFT requires the completion of the AOS Vendor Information Form
- The form can be found under forms on the AOS website www.in.gov/auditor
- The Vendor Information Form is the very first form listed under forms
- The form instructions indicate where to send the form or you can fax it to our department at 317-232-6097

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VENDOR INFORMATION

State Form 53788 (R2 / 10-09)
Approved by Auditor of State, 2009
Approved by State Board of Accounts, 2009

Name and telephone number of the person who completed this document must be provided.
Name: _____
Daytime telephone number: _____

Print or Type
Legal Name (Owner of the EIN or SSN as name appears on your tax return. Do not enter the business name of a sole proprietorship on this line.)
Trade Name (Doing Business as Name D/B/A) (Complete only if payment is to be made payable to the DBA name)
Remit Address (number and street, city, state, and ZIP code)
Purchase Order Address - Optional (number and street, city, state, and ZIP code)

Enter 9-digit Taxpayer Identification Number (TIN) of the legal name:
(SSN=Social Security Number, EIN=Employer Identification Number)
(Individual's SSN) _____ - _____ - _____ or EIN _____ - _____

Check legal entity type (A box must be checked in this section. Check only one box.)
 Individual Sole Proprietorship Partnership
 Estate / Trust Note: Show above, the name and number of the legal trust, or estate, not personal representatives
 Other [Limited Liability Company (LLC) (attach IRS Form 8832 if applicable), Joint Venture, Club, etc.]
 Corporation Do you provide legal or medical services? Yes No
 Government (or Government operated entity)
 Organization Exempt from Tax under Section 501(a)

One box must be checked I am a U.S. Person (including a U.S. resident alien) I am not a U.S. Person (a W-8 must be filed with the Auditor of State)

Add Deposit Change Deposit **Indiana law (I.C. 4-13-2-14.8) requires that YOU receive PAYMENT(S) by means of electronic transfer of funds.**

SECTION 1: AUTHORIZATION
According to Indiana law, your signature below authorizes the transfer of electronic funds under the following terms:
Account Holder's Name: _____ Account Number: _____
Type of Account: Checking (Demand) Savings
 Please check this box if your direct deposit will be automatically forwarded to a bank account in another country.

SECTION 2: FINANCIAL INSTITUTION'S APPROVAL (Attach a non-altered voided check or have your financial institution complete this section)

The financial institution identified below agrees to accept automated deposits under the terms set forth herein:

Name of Financial Institution: _____

Telephone: (_____) _____

Address: _____
Number and Street, and/or P.O. Box No. _____ Financial Institution's Authorized Signature _____
City, State, and ZIP Code (00000-0000) _____ Title _____
ABA Transit-Routing Number _____ Date _____, 20____

ATTACH A NON-ALTERED VOIDED CHECK HERE (vertical text on left and right sides)

SECTION 3: ELECTRONIC NOTIFICATION OF ELECTRONIC FUND TRANSFER (EFT) DEPOSITS
(Complete this section only if you are requesting electronic notification. You may provide up to four email addresses.)
I hereby request that all future notices of EFT deposits to the bank account specified above be sent to the following email addresses:

I agree to the provisions contained on the reverse side of this form.
NAME (print or type) _____ TITLE _____
AUTHORIZED SIGNATURE _____ DATE _____ TELEPHONE NUMBER _____

REQUEST FOR VENDOR INFORMATION

THIS FORM APPLIES TO YOU, IF YOU ARE:

- 1) A U.S. person (including a U.S. resident alien); and
- 2) A person, business, or other entity who has or will receive a payment from the state; or
- 3) A state employee who has or will receive a payment, other than payroll, from the state.

PURPOSE OF FORM:

The Auditor of State of Indiana (Auditor) must have correct vendor information to make payments to vendors. This includes the vendor's legal name, doing business as name (if any), address, Taxpayer Identification Number (TIN), entity type, and banking information. This form allows you to provide your correct name, address, TIN, entity type, and banking information.

If you do not provide us with the information, your payments may be subject to federal income tax withholding. In addition, if you do not provide us with this information, you may be subject to a penalty imposed by the Internal Revenue Service per I.R.C. 6723.

Federal law on withholding preempts any state and local law remedies, such as any rights to a mechanic's lien. If you do not furnish a valid TIN, we are required to withhold a percentage of our payment to you. Withholding is not a failure to pay you. It is an advance tax payment. You should report all withholdings as a credit for taxes paid on your federal income tax return.

INSTRUCTIONS:

- 1) Enter your legal name on the designated line. Your legal name is the one that appears on your Social Security Card or, if you are a business, the Employer Identification Number (EIN) as it is in the IRS records. If you are a sole proprietor, then your legal name is the business owner's name. If you have a "doing business as" (d/b/a) name, enter this on the trade name line. Enter your remit address on the next line, and if you have a separate address for purchase orders, enter that address on the appropriate line.
- 2) Record the appropriate TIN in the space provided and check the box that corresponds to the correct organization type for your name. Note that individuals and sole proprietors are the only types that should record a social security number (SSN). a) If you are a corporation, you must indicate whether you provide legal or medical services. b) If you are a sole proprietor, you must show the business owner's name in the legal name box and you may show the business name in the trade name box. You cannot use only the business name. For a sole proprietor, you may use either the individual's SSN or the EIN of the business. However, we prefer you provide the SSN.
- 3) Check the appropriate box that indicates whether you are or are not a U.S. person.
- 4) Complete Section 1: Authorization
- 5) Have your financial institution complete Section 2: Financial Institution's Approval. Your financial institution should return the completed form to you. A voided check may be provided in lieu of having your financial institution complete this section. Attach only preprinted checks. Deposit slips, starter checks, or checks that have been altered will not be accepted.
- 6) Complete Section 3: Electronic Notification of Electronic Fund Transfer (EFT) Deposits, only if you choose to receive electronic EFT notifications by email. If this section is not completed, your notification will be sent by U.S. Mail to the remit address designated on the reverse side of this form.
- 7) Fax the completed form to (317) 234-1916 or mail to the Indiana Auditor of State, 240 Statehouse, 200 W. Washington St., Indianapolis, IN 46204.
- 8) Retain a copy of the completed form for your records.
- 9) Any form submitted without an authorized signature will be destroyed and will not be entered into the Auditor's vendor file.

BY SIGNING THIS FORM:

You represent that you understand and agree that:

- 1) You are authorized to provide this information on behalf of yourself or your organization.
- 2) The State of Indiana is authorized to initiate credits (deposits) in various amounts, by EFT through automated clearing house (ACH) processes, to the checking (demand) or savings account in the financial institution designated on the reverse side of this form.
- 3) If necessary, you will accept reversals from the State for any credit entries made in error to a bank account per National Automated Clearing House Association (NACHA) regulations.
- 4) You may only revoke this request and authorization by notifying the Auditor in writing, at the above address, at least fifteen (15) days before the effective date of revocation.
- 5) Any change to the account or to a new financial institution will require a new Vendor Information form be completed and submitted to the Auditor of State at the above address. Failure to provide timely notification to the Auditor that your account has changed will result in a delay in payment.
- 6) The State of Indiana and its entities are not liable for late payment penalties or interest if you fail to provide information necessary for an EFT transaction and/or you do not properly follow the Instructions above.
- 7) The email addresses provided in Section 3 for electronic EFT notification will allow for appropriate application of all payments.
- 8) You acknowledge that it will cause disruption to the notification process if the email addresses provided for electronic EFT notification are frequently changed or changed without promptly providing an updated email address to the Auditor.
- 9) You acknowledge that an email notification returned as undeliverable may be removed from the Auditor's email notification system and all future notices of EFT deposits to you will be provided by the Auditor via U.S. Mail to the remit address designated on the reverse side of this form until you have provided a valid email address to the Auditor.
- 10) You are responsible for contacting the Auditor if you are not receiving electronic notices of EFT deposits.

State Disbursement Process

- State payments begin at the state agency initiating the payment
- All payments must be approved by and flow through the AOS AP Department
- The detailed information about the payment resides at the state agency who initiated the payment

State Disbursement Process

State payments to cities and towns initiated by the AOS Settlement Department

- | | |
|--------------------------------|---|
| - MVH | - Stadium Tax |
| - LRS | - PSCDA |
| - MVH #1 AND MVH #2 | - CTP |
| - Cigarette Tax - General Fund | - CRED |
| - Cigarette Tax - CCIF | - Riverboat Admissions Tax |
| - ABC Gallonage Tax | - Riverboat Wagering Tax |
| - FAB | - Supplemental Riverboat Admissions Tax |
| - Innkeepers Tax | |

State Disbursement Process

- To get detailed information about a payment listed on the previous slide you would contact the AOS Settlement Department
- To get detailed information about a payment other than the payments listed on the previous slide you would contact the state agency that initiated the payment
- The business unit number of the state agency is on the check or EFT Notification
- Under the Settlement Department on the AOS website is a state agency contact list

State Agency Contacts

- Provided with today's presentation materials is the current state agency contact list that is on the AOS website
- This isn't a complete state agency contact list
- It is a list of the state agencies that typically initiate payments to counties, cities and towns
- When there changes to the contacts we update the list on our website

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**Business Unit
Number**

Business Unit Number	Business Unit Name	Contact	Title	Phone Number	Email Address
00230	Alcohol and Tobacco Commission	Todd Stauffer	Controller	317-232-2436	TStauffer@atc.in.gov
00080	Board of Accounts	Tammy White Debbie Gibson	County Supervisor County Supervisor	317-232-2512 317-232-2512	twhite@sboa.in.gov dgibson@sboa.in.gov
00235	Bureau of Motor Vehicles	Shawn Walters Harold Day Tammytha Cooper	Chief of Staff Director of Financial Operations Manager of Accounts Payable	317-232-2812 317-232-1955 317-232-6438	swalters@bmv.in.gov hday@bmv.in.gov tcooper@bmv.in.gov
00502	Child Services, Department of (FSSA)	Tina Keith	Payments	317-234-6785	DCSAaccountsPayable@dcs.in.gov
00615	Correction, Department of	Tina Little Anita Wilhoite Chris Blessinger	Payments Payments Juvenile Program Director	317-232-6748 317-232-5720 317-234-2969	tlittle@doc.in.gov awilhoite@doc.in.gov cblessinger@doc.in.gov
00032	Criminal Justice	Kathryn Teachout	Accountant	317-233-3341	kateachout@sba.in.gov
00700	Education, Department of	Melissa Ambre Kim Stewart Teresa Hemmerle Kaitlin Boldt	Director of Accounting Charter Schools Accounts Payable N/A	317-232-0841 317-234-2137 317-232-0844 317-232-0843	mambre@doe.in.gov kstewart@doe.in.gov themmerle@doe.in.gov kboldt@doe.in.gov
00495	Department of Environmental Management	Mary Planaip	Accountant	317-233-6745	mplanalp@dem.in.gov
00405	Family and Social Services	Doug Conrad Claudia Spears Marilyn Casey	HCI Claims Policy and Budget Claims Management	Not available Not available 317-232-2620	doug.conrad@fssa.in.gov claudia.spears@fssa.in.gov marilyn.casey@fssa.in.gov
00400	Health, Department of	Grant Knies Rosie Whisler Jessica Trimble	Controller Local Health Maintenance Claims LHD Trust Acct. - Tobacco Settlement	317-233-7852 317-233-7857 317-234-6623	grknies@isdh.in.gov rwhisler@isdh.in.gov ltrimble@isdh.in.gov
00385	Homeland Security, Department of	Kathy Compton	Accounts Payable Accountant	317-232-2150	kcompton@dhs.in.gov
00100	Indiana State Police	Mickey James	Controller	317-232-8227	miamex@isp.in.gov
00215	Local Government Finance, Department of	Courtney Schaaftma Dan Jones Catherine Wolter	Budget Director Asst. Director Budget Division Staff Attorney, Deduction Questions	317-232-3759 317-232-3773 317-233-4361	CSchaaftma@dlgf.in.gov diones@dlgf.in.gov cwolter@dlgf.in.gov
00300	Natural Resources, Department of	Kristy Todd	A/P	317-232-4089	ktodd@dnr.in.gov
00072	PERF	Tom Parker	Police & Fire Distributions	317-233-4146	tparker@perf.in.gov
00090	Revenue, Department of	Christine Altherr Dave Paquette Randy Boone	A/P Supervisor (Auto Rental) Aeronautics Supervisor (Air Craft Excise) Motor Carrier Services - Wheel Tax	317-232-3996 317-615-2659 317-615-7212	CAaltherr@dor.in.gov dpaquette@dor.in.gov rboone@dor.in.gov
00022	Supreme Court - Administration	Jan Smith Valerie Brooks	Payroll/Accounts Judges Supplements	317-232-7591 317-234-1874	ismith@courts.state.in.us vbrooks@courts.state.in.us
00058	Tobacco Prevention & Cessation	Grant Knies	Controller	317-233-7852	grknies@isdh.in.gov
00800	Transportation, Department of (INDOT)	Linda Wagner	Manager	317-232-6387	lwagner@indot.in.gov
00048	Treasurer of State	Vicki Pool	Chief Accountant	317-232-6260	vpool@tos.in.gov
N/A	Internal Revenue Service	Raelane Hoff	Government Specialist	812-231-6502	Raelane.Hoff@irs.gov

6/13/2012

Email Communications

- As mentioned earlier we email EFT Notifications every time there is an EFT payment
- We also email general communications from the Settlement Department
- To receive EFT Notifications by email and/or to be placed on the Settlement Department email list send us your email address(es) to: baylea@auditor.in.gov
- Please include:
 - The city or town name
 - Individual's name(s)
 - And indicate if it is for EFT Notifications, the Settlement Department list, or both

2013 Budget Revenue Estimates

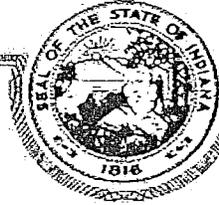
- The AOS 2013 Budget Revenue Estimate formulas are have been determined and the 2013 Budget Revenue Estimates document has been completed
- Hopefully you have received the document either directly from me by email or from your local county auditor
- The 2013 Budget Revenue Estimates document is on the AOS website under Settlements

2013 Budget Revenue Estimates

- The estimates are:
 - Motor Vehicle Highway (MVH) 3% increase
 - Local Road and Street (LRS) 2% increase
 - Motor Vehicle Highway Accelerated #1 (MVH #1) and Motor Vehicle Highway Accelerated #2 (MVH #2) no change
 - Cigarette Tax 3% decrease this December and 6% decrease next year
 - ABC Gallonage Tax no change
 - Commercial Vehicle Excise Tax (CVET) no change

AUDITOR OF STATE

Tim Berry



TELEPHONE (317) 232-3300
FACSIMILE (317) 233-2794
<http://www.in.gov/auditor>

June 5, 2012

Prepared by Dan Bastin, Settlement Director

Phone: (317) 232-3309

Email: dbastin@auditor.in.gov

2013 Budget Revenue Estimates

The following estimates apply to Cities and Towns only

Cigarette Tax - General Fund

December 2012 = .38/Capita-2010 Census
2013 = .70/Capita-2010 Census

Cigarette Tax - CCIF

December 2012 = 1.38/Capita-2010 Census
2013 = 2.56/Capita-2010 Census

ABC Gallonage Tax

Last half of 2012 = .97/Capita-2010 Census
2013 = 1.94/Capita-2010 Census

MVH

Last half of 2012 = 10.34/Capita-2010 Census
2013 = 23.98/Capita-2010 Census

MVH #2

Last half of 2012 = 1.28/Capita-2010 Census
2013 = 1.28/Capita-2010 Census

The following estimates apply to Counties only

MVH

Last half of 2012 = 103% of the last half of 2011
2013 = 103% of the first half of 2012 plus 103% of the last half of 2011

MVH#2

Last half of 2012 = August and September 2011
2013 = August and September 2011

The following estimates apply to Counties, and Cities and Towns

LRS

Last half of 2012 = 102% of the last half of 2011
2013 = 102% of the first half of 2012 plus 102% of the last half of 2011

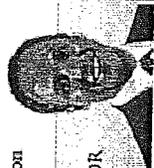
MVH#1

Last half of 2012 = August and September 2011
2013 = August and September 2011

Commercial Vehicle Excise Tax (CVET) Dec 2012 = May 2012; 2013 = May 2012 times 2

AOS Website

- Recently we have added more information to the Settlements area of the AOS website
- Website location www.in.gov/auditor
- New information under Settlements
 - Budget Revenue Estimate document
 - State distribution factors
 - State distribution descriptions
 - Local Option Income Tax (LOIT) distribution breakdowns
 - Presentations
 - State Agency Contacts



INDIANA AUDITOR
TIM BERRY



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- Auditor's Info**
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- Phone Numbers
- Job Opportunities
- Related Agencies**
- Association of Indiana Counties
- Department of Local Government Finance
- Department of Revenue
- Family & Social Services Administration

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- Top FAQs I Want To...**
1. What is Hoosier S.T.A.R.T.?
 2. What Are the Responsibilities of the Auditor of State?
 3. How do I increase/stop my Deferral?
 4. Where can I find the official forms of the Auditor of State?
- More FAQs >

Indiana State Government Maintains Its Fiscal Discipline
State Auditor Berry Accepts Award for Excellence in Financial Reporting
2010 Revenue Overview

Welcome to the Auditor of State website. As Auditor, I serve as the Chief Financial Officer for the State. As CFO my most important obligations involve accounting for all of the State's funds, overseeing and distributing Local Governments tax distributions, paying the State's bills and paying the State's employees. I also serve as administrator to the Indiana Deferred Compensation Plan working to help secure a better retirement future for all State workers. My staff and I are committed to providing quality service to everyone who conducts business with this office.

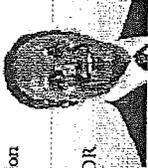
Thank you for visiting our website. I hope you were able to find helpful information and learn more about this office. I look forward to working with you to make Indiana a better place for all Hoosiers.

Tim Berry
Auditor of State

FIND YOUR COUNTY AUDITOR

Comprehensive Annual Financial Report





INDIANA AUDITOR
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TOP FAQs I Want To...

- 1 What is Hoosier5 TRACK7?
- 2 What are the Responsibilities of the Auditor of State?
- 3 How do I increase/stop my Deferral?
- 4 Where can I find the official forms of the Auditor of State?

More FAQs >

FIND YOUR COUNTY AUDITOR

Comprehensive Annual Financial Report

Auditor's > Departments > Settlements

Settlement Department

The Settlements Department is responsible for supervising the enforcement of reporting and auditing of reports filed by counties. The Settlement Department also oversees the collection and distribution of tax revenue money for counties, cities, towns, schools and other local units of government.

Helpful Resources

- Tax Board
- IRS
- Department of Revenue
- State Board of Accounts
- Budget Revenue Estimates
- State Agency Contacts
- Auditor of State Distribution Factors
- CVET Report
- Presentations
- LOIT Reports
- 2008 Spring Abstract Manual
- 2008 December Settlement Instructions
- 2009 Spring Abstract Manual
- 2009 June Settlement Instructions
- 2009 December Settlement Instructions
- 2010 June Settlement Instructions
- 2010 December Settlement Instructions
- 2011 Spring Abstract Manual
- 2011 June Settlement Instructions
- 2011 December Settlement Instructions
- 2012 Spring Abstract Manual
- 2012 June Settlement Instructions

Auditor's Home

Auditor's Info
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Department of Local Government Finance

Department of Revenue

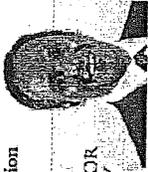
Family & Social Services Administration

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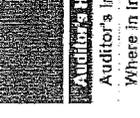
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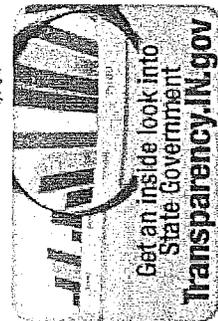
Family & Social Services Administration

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INDIANA AUDITOR OF STATE TIM BERRY

Auditor's > Departments > Settlements > Budget Revenue Estimates

Budget Revenue Estimates

2013 Revenue Estimates 06/05/2012

Online Services
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- Hoosier START
- More Online Services >
- Subscriber Center >

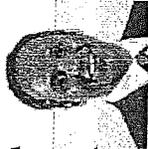
I Want To...

1. What is Hoosier START?
2. What Are the Responsibilities of the Auditor of State?
3. How do I increase/stop my Deferral?
4. Where can I find the official forms of the Auditor of State?

[More FAQs >](#)

FIND YOUR COUNTY AUDITOR

Comprehensive Annual Financial Report



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INDIANA AUDITOR OF STATE
TIM BERRY

Auditor's > Departments > Settlements > Auditor of State Distribution Factors

Auditor of State Distribution Factors

- AOS Distributions Mileage Factor May 2012 - April 2013
- AOS Distributions Population Factor May 2012 - April 2013
- AOS Distributions Vehicle Count Factor May 2012 - April 2013
- MVH, LRS, MVH #1, MVH #2, Cio, Tax and ABC Challenge Formula Descriptions

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More FAQs >

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Comprehensive Annual Financial Report

AUDITOR OF STATE INFORMATION

Tim Berry Auditor of State

E-mail: tberry@auditor.in.gov
Website: www.in.gov/auditor
Settlement Dept Information: www.in.gov/auditor/departments/settlements
Office Phone Number: (317)232-3300
Fax Number: (317)232-6097

Office Mailing Address: Auditor of State
ATTN: Settlement Department
Room 240 State House
200 West Washington Street
Indianapolis, IN 46204-2793

Dan Bastin, CPA Settlement Director

E-mail: dbastin@auditor.in.gov
Phone Number: (317)232-3309
Fax Numbers: (317)232-6097
Hours: Monday thru Friday 7:00-3:30

Janie Cope Asst. Settlement Director

E-mail: jcope@auditor.in.gov
Phone Number: (317)233-3008
Fax Numbers: (317)232-6097
Hours: Monday thru Friday 7:30-4:00

Brenda Alyea Settlement Specialist

E-mail: balyea@auditor.in.gov
Phone Number: (317)232-3336
Fax Numbers: (317)232-6097
Hours: Monday thru Thursday 7:00-4:00
Friday 7:00 - 12:30