



**RETURN OF PERSONAL PROPERTY IN WAREHOUSES,
GRAIN ELEVATORS OR OTHER STORAGE PLACES
(Claimed To Be Exempt From Assessment)**

State Form 22666 (R12 / 1-06)

Prescribed by the Department of Local Government Finance

**FORM 103-W
SIDE I**

March 1, 20____
For Assessor's use only

PRIVACY NOTICE

The records in this series are confidential according to IC 6.1-1-35-9.

INSTRUCTIONS: Attach to and file with Form 103.

Name of taxpayer (please print or type)	County	DLGF taxing district number
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Address where property is located (number and street, city, state, and ZIP code)

Pursuant to IC 6-1.1-10-29, 29.3, 29.5, 30, 30.5 and 31 and 50 IAC 4.2-12, Section 3, 4 and 8, report below all personal property in warehouses, grain elevators, or other storage places in Indiana on March 1, of the current assessment year, or if electing the calendar year average basis (50 IAC 4.2-5-9) the personal property on hand in said storage facilities on the first day of each calendar month of the prior calendar year, which you claim is exempt from assessment.

Check the terms that apply:

<input type="checkbox"/> Resident	<input type="checkbox"/> Non-resident	<input type="checkbox"/> Public Warehouse	<input type="checkbox"/> Private Warehouse	<input type="checkbox"/> Regular Warehouse
<input type="checkbox"/> Goods are repackaged	<input type="checkbox"/> Goods will be processed further at this location	<input type="checkbox"/> Goods are stored and remain in original package (as defined)		
<input type="checkbox"/> Goods are stored in more than one (1) warehouse (separate ratio required for each warehouse)			<input type="checkbox"/> Non-resident Auto Dealer	
<input type="checkbox"/> Accepted purchase order(s) as of March 1	<input type="checkbox"/> Manufacturer or Processor	<input type="checkbox"/> Finished	<input type="checkbox"/> Ready for shipment	

State the value of shipments from this warehouse location: (During prior year ending with assessment date.)	Out of state shipments	Total shipments	Ratio %
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Specific statute (and regulation) exemption is claimed under:

<input type="checkbox"/> 6-1.1-10-29 [50 IAC 4.2-12-3(a)]	<input type="checkbox"/> 6-1.1-10-30 (c) [50 IAC 4.2-12-3(d)]	<input type="checkbox"/> Government owned (50 IAC 4.2-12-8)
<input type="checkbox"/> 6-1.1-10-29(b)(2)	<input type="checkbox"/> 6-1.1-10-30 (d) [50 IAC 4.2-12-4]	<input type="checkbox"/> 6-1.1-10-31.4
<input type="checkbox"/> 6-1.1-10-29.3 [50 IAC 4.2-12-3(b)]	<input type="checkbox"/> 6-1.1-10-30.5 [50 IAC 4.2-12-3(e)]	<input type="checkbox"/> 6-1.1-10-31.6
<input type="checkbox"/> 6-1.1-10-30 (a) [50 IAC 4.2-12-3(b)]	<input type="checkbox"/> 6-1.1-10-31.5	
<input type="checkbox"/> 6-1.1-10-30 (b) [50 IAC 4.2-12-3(c)]	<input type="checkbox"/> 6-1.1-10-40	

NAME AND ADDRESS OF WAREHOUSE	POINT OF ORIGIN	POINT OF DESTINATION	TOTAL COST
			\$
			\$
			\$
			\$
			\$

[If necessary attach additional sheet Form 103-W(s)]	TOTAL COST AS SHOWN ON LINE 19, SCHEDULE B, FORM103
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Under the penalties of perjury, I hereby certify that this return to the best of my knowledge and belief, is true, correct, and complete; and reports the total cost of all personal property claimed by the taxpayer to be exempt from assessment and taxation pursuant to IC 6-1.1, et seq., as amended.

Signature of authorized person	Title	Date (month, day, year)
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Signature of person preparing return	Date (month, day, year)
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IMPORTANT NOTE!

MANUFACTURERS AND PROCESSORS WANTING TO CLAIM RAW MATERIAL, WORK-IN-PROCESS, FINISHED GOODS AND MANUFACTURING SUPPLIES UNDER IC 6-1.1-10-29(b)(2) AND IC 6-1.1-10-29.5(e) MUST USE SIDE 2 OF THIS FORM.

RETURN OF PERSONAL PROPERTY IN WAREHOUSES

**FORM 103-W
SIDE 2**

March 1, 20_____

This side **must** be used by a manufacturer of processor claiming inventory that will be used in a continuous series of operation to alter the personal property into a new or changed state or form and the resulting personal property will be shipped, or will be incorporated into personal property that will be shipped, to an out-of-state destination [IC 6-1.1-10-29(b)(2)].

This side **must** also be used by taxpayer's claiming personal property that is sold to another processor or manufacturer if the personal property is incorporated into the personal property of the buyer and that personal property is shipped out of state [IC 6-1.1-10-29.5(e)].

The above adjustment applies to inventory remaining after the out of state exemption is claimed. You may only use the percent of inventory shipped to an Indiana processor or manufacturer based on the shipments to the taxpayer between March 2 of the preceding assessment date and March 1 of the current assessment date. A separate percentage must be used for each taxpayer the exemption is being claimed for.

You **must** show the name and percent for each taxpayer an exemption is being claimed on. Total exemptions **must not exceed 100%** of the actual reported values on the lines below.

FROM FORM 103 SCHEDULE B	RAW MATERIALS ON LINE 1 *	WORK IN PROCESS ON LINE 2 *	FINISHED GOODS ON LINE 3 *	SUPPLIES ON LINE 5 **,**	TOTAL CLAIMED
NAME AND ADDRESS OF WAREHOUSE					
<input type="checkbox"/> 6-1.1-10-29(b)(2) <input type="checkbox"/> 6-1.1-10-29.5(e) Inventory Reported on Return Interstate Percentage Total Claim This Warehouse	%	%	%	%	
<input type="checkbox"/> 6-1.1-10-29(b)(2) <input type="checkbox"/> 6-1.1-10-29.5(e) Inventory Reported on Return Interstate Percentage Total Claim This Warehouse	%	%	%	%	
<input type="checkbox"/> 6-1.1-10-29(b)(2) <input type="checkbox"/> 6-1.1-10-29.5(e) Inventory Reported on Return Interstate Percentage Total Claim This Warehouse	%	%	%	%	
<input type="checkbox"/> 6-1.1-10-29(b)(2) <input type="checkbox"/> 6-1.1-10-29.5(e) Inventory Reported on Return Interstate Percentage Total Claim This Warehouse	%	%	%	%	
<input type="checkbox"/> 6-1.1-10-29(b)(2) <input type="checkbox"/> 6-1.1-10-29.5(e) Inventory Reported on Return Interstate Percentage Total Claim This Warehouse	%	%	%	%	
Total Claim All Warehouses					
TOTAL COST AS SHOWN ON LINE 19, SCHEDULE B, FORM103 (Total Cost All Warehouses)					
[If necessary attach additional sheet Form 103-W(s)]					
Signature of authorized person		Title		Date (month, day, year)	
Signature of person preparing return				Date (month, day, year)	

* Lines 1, 2, 3 and 5 should be net of average, alternative, standard to actual or any other valuation adjustment taken on line 7 through line 27.

** Amounts shown on line 5 should be for manufacturing supplies only.