

PAYMENT-IN-LIEU CERTIFICATION FROM OWNER

Business Name _____ Project _____
 Address _____ Parcel _____ Code _____
 Type of Business _____ Tenure at Displacement Location _____

Is business part of a commercial enterprise having more than three other entities which are under the same ownership and engaged in the same or similar business activities which are not being acquired by the State? YES NO

Income Information

This business realized the following average annual income for the two years preceding displacement by this project:

Year _____	Gross Receipts \$ _____	Net Earnings \$ _____
Year _____	Gross Receipts \$ _____	Net Earnings \$ _____
Two Year Total \$ _____		Two Year Total \$ _____
divided by 2		divided by 2
Avg. Annual Receipts \$ _____		Avg. Annual Earnings \$ _____

NOTE: Only complete the following personal income information **if both** the Average Annual Gross Receipts are less than \$5,000 **and** the Average Annual Net Earnings are less than \$1,000.

During these same years I personally realized the following average annual gross income from all sources:

Year _____	Gross Personal Income \$ _____
Year _____	Gross Personal Income \$ _____
Two Year Total \$ _____	
divided by 2	
Personal Avg. Annual Gross \$ _____	

Certification

Copies of federal income tax returns for the business for these two years are attached as documentation of the above. Copies of personal income tax returns are also attached, if applicable. The Federal IRS or a Certified Public Accountant has certified all copies as true and accurate.

I certify that all information completed on this form and provided in the attached federal income tax returns is true and accurate to the best of my knowledge. I grant the right of the State of Indiana to review the records and accounts of the business for the periods indicated above.

Date

Displacee