**20\_\_ Update Form**

**Please complete the entire form and return along with CF-1 form and $100 filing fee for each abatement by May 15**

**Parcel# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Resolution #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Please list business name and address of the real or personal property which is receiving tax abatement**. Include an email address of the representative also.**
2. Number of employees - part time (without benefits) prior to abatement \_\_\_\_\_\_\_\_\_\_\_\_

temps prior to abatement \_\_\_\_\_\_\_\_\_\_\_\_

full time (with benefits) prior to abatement \_\_\_\_\_\_\_\_\_\_\_\_

1. Number of current employees, as of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# of part time employees\_\_\_\_\_\_\_\_\_ # of temps\_\_\_\_\_\_\_\_\_\_ # of full time employees\_\_\_\_\_\_\_\_\_\_

1. Y N Are all taxes current and paid up to date (including property, income, inventory, etc.)?

**5.** Y N Is equipment being abated still in operation?

**6.** Y N Is equipment that is abated still owned by the above company?

**7.** Y N Is equipment being abated still located at the facility receiving abatement within the city limits of   
 Greensburg, Indiana?

**8.** Y N Are all dates of completion and figures on SB-1 being met? If not, please include deficiency   
 statement.  
  
**9**. What tax year did the abatement start?\_\_\_\_\_\_\_\_\_\_

**10.** For how many years was the initial abatement granted?\_\_\_\_\_\_\_\_\_\_\_

**11.** **Attach a copy of SB-1 and Resolution #**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**12.** Attach a copy of CF-1 for current year. **(Make sure resolution number is on form)**

**\*\*For abatements ALL CF-1 forms must be sent to City Hall, and the appropriate County Office.   
\*\*For CF-1 PP (Personal Property) send all paperwork to the County Assessor.  
\*\*For CF-1 RE (Real Estate) send all paperwork to the County Auditor.**

**\*\*When the Tax Abatement Committee meets to discuss and approve/disapprove abatements, it may be required that a representative from your business attends to answer any questions that may arise. You will be contacted in advance of when this meeting will be held.**

Person filling out this form **(please print)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position of the person filling out form \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date form was filled out \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact phone number/email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please make sure that all of the blanks are filled in and all paperwork is attached. Please do not use “see attached” for any of the blanks above.

**Filing fee checks can be made to “City of Greensburg”**