

COMPLIANCE WITH STATEMENT OF BENEFITS PERSONAL PROPERTY

PRIVACY NOTICE This form contains confidential information pursuant to IC 6-1.1-35-9 and IC 6-1.1-12.1-5,6. FORM CF-1 / PP

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State Form 51765 (R7 / 12-22)

Prescribed by the Department of Local Government Finance

INSTRUCTIONS:

- Property owners whose Statement of Benefits was approved must file this form with the local designating body to show the extent to which there has been compliance with the Statement of Benefits. (IC 6-1.1-12.1-5.6)
 This form must be filed with the Form 103-ERA Schedule of Deduction from Assessed Value between January 1 and May 15, unless a filing
- extension under IC 6-1,1-3.7 has been granted. A person who obtains a filing extension must file between January 1 and the extended due date
- compliance information for multiple projects may be consolidated on one (1) compliance form (CF-1).

3. With the approval of the	io doorginatiing b	50), 55p					,				
SECTION 1		TAXPAY	ER IN	FORMA	TION						
Name of Taxpayer							County				
PaperWorks Industries, Inc Address of Taxpayer (number and street, city, state, and ZIP code)							Wabash DLGF Taxing District Number				
Address of Taxpayer (number and street, city, state, and ZIP code) 455 West Factory Street, Wabash, IN 46992						85-009 Wabash Corp					
Name of Contact Person Telephone Number					Email Add	dress					
Christopher K. Wetherford					569-2						
SECTION 2	LOC	ATION AND D					ry	Estimated	State Date (mo	nth day year)	
Name of Designating Body Wabash City Council Resolution Number 003-16-015						03/01/2016 Actual Start Date (month, day, year)					
Location of Property 455 West Factory Street, Wa								03/01	/2016		
Description of new manufacturing equipment, new research and development equipment, new information technology equipment, or							Estimated Completion Date (month, day, year) 10/31/2016				
Paper Machiner #2 which consists of a water system, presses, suction couch rolls, beaters, blowers, dryers, formers, refiners, screens, stacks, pumps, coaters, rewinders, air compressors and other miscellaneous						Actual Completion Date (month, day, year) 09/30/2016					
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SECTION 3 EMPLOYEES AND S	SALARIES	-IMIT LOTT	,_c./=()			TIMA	TED ON SB-1		ACT	UAL	
Current Number of Employees				193					215		
Salaries					92,000	00.0			23,872,322		
Number of Employees Retained	etained			193					215		
Salaries				12,99	92,000	00.0			23,872,322		
Number of Additional Employees				Undetermined				11			
Salaries									135,917		
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Values Before Project Plus: Values of Proposed Project Less: Values of Any Property Being Replaced	COST \$ 2,436,403,00 \$ 7,125,000,00 \$ 352,884.00	ASSESSED VALUE \$ 168,025.00 \$ 949,905.00 \$ 17,642.00	\$ \$ \$ \$	LOPMEN	ASSESS VALU \$ \$	SED JE SED	COST \$ \$ \$	ASSESSED VALUE \$ \$ \$	COST \$ \$ \$ \$ \$ \$	ASSESSED VALUE \$ \$ \$ \$ \$	
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OPTIONAL: FOR USE BY A DESIGNATING BODY WHO ELECTS TO REVIEW THE COMPLIANCE WITH STATEMENT OF BENEFITS (FORM CF-1)

INSTRUCTIONS: (IC 6-1.1-12.1-5.9)

- 1. Within forty-five (45) days after receipt of this form, the designating body may determine whether or not the property owner has substantially complied with the Statement of Benefits.
- 2. If the property owner is found **NOT** to be in substantial compliance, the designating body shall send the property owner written notice. The notice must include the reasons for the determination, including the date, time, and place of a hearing to be conducted by the designating body. If a notice is mailed to a property owner, a copy of the written notice will be sent to the county assessor and the county auditor.
- 3. Based on the information presented at the hearing, the designating body shall determine whether or not the property owner has made a reasonable effort to substantially comply with the Statement of Benefits and whether any failure to substantially comply was caused by factors beyond the control of the property owner.
- 4. If the designating body determines that the property owner has NOT made a reasonable effort to comply, the designating body shall adopt a resolution terminating the deduction. The designating body shall immediately mail a certified copy of the resolution to: (1) the property owner, (2) the county auditor, and (3) the county assessor.

We have reviewed the CF-1 and find that:					
The property owner IS in substantial compliance					
The property owner IS NOT in substantial compliance					
Other (specify)					
Reasons for the Determination (attach additional sheets if necessary)					
)·					
Signature of Authorized Member		Date Signed (month, day, year)			
Attested By	Designating Body				
If the property owner is found not to be in substantial compliance, the property time has been set aside for the purpose of considering compliance.	owner shall receive the opportunity for a	a hearing. The following date and			
Time of Hearing AM Date of Hearing (month, day, year	r) Location of Hearing				
L) FIVI					
HEARING RESULTS (to be	completed after the hearing)				
HEARING RESULTS (to be completed after the hearing) Approved Denied (see Instruction 5 above)					
Reasons for the Determination (attach additional sheets if necessary)	Defiled (see	mstruction 5 above)			
Signature of Authorized Member		Date Signed (month, day, year)			
Attested By	Designating Body				
APPEAL RIGHTS [IC 6-1.1-12.1-5.9(e)]					
A property owner whose deduction is denied by the designating body may appeal the designating body's decision by filing a complaint in the office of the clerk of the Circuit or Superior Court together with a bond conditioned to pay the costs of the appeal if the appeal is determined against the property owner.					



COMPLIANCE WITH STATEMENT OF BENEFITS **REAL ESTATE IMPROVEMENTS**

State Form 51766 (R6 / 4-23)

Prescribed by the Department of Local Government Finance

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FORM CF-1 / Real Property

INSTRUCTIONS:

- Property owners must file this form with the county auditor and the designating body for their review regarding the compliance of the project with the Statement of Benefits (Form SB-1/Real Property).
- 2. This form must accompany the initial deduction application (Form 322/RE) that is filed with the county auditor.
- This form must also be updated each year in which the deduction is applicable. It is filed with the county auditor and the designating body before May 15 or by the due date of the real property owner's personal property return that is filed in the township where the property is located. (IC 6-1.1-12.1-5.3(j))
- With the approval of the designating body, compliance information for multiple projects may be consolidated on one (1) compliance form (Form CF-1/Real Property).

PRIVACY NOTICE

The cost and any specific individual's salary information is confidential; the balance of the filing is public record per IC 6-1,1-12,1-5.3 (k) and (l).

Name of Taxpayer PaperWorks Industries, Inc. Address of Taxpayer (number and street, city, state, and ZIP code) 455 West Factory Street, Wabash, IN 46992 Name of Contact Person Christopher K. Wetherford SECTION 2 LOCATION AND DESCRIPTION OF PROPERTY Name of Designating Body City of Wabash Cocation of Property 455 West Factory Street, Wabash, IN 46992 Description of Real Property Improvements Pre-engineered 45,000 sq ft clear span warehouse facility, 12" reinforced floors, heated, air movers, fire suppression SECTION 3 EMPLOYEES AND SALARIES EMPLOYEES AND SALARIES Salaries 12,992,000.00 Number of Employees Retained Salaries Number of Additional Employees Undetermined	County Wabash DLGF Taxing District Number 85-009 Wabash Email Address Estimated Start Date (month, day, y 8/1/2017 Actual Start Date (month, day, year 6/2017 Estimated Completion Date (month, day, year 1/1/2018 Actual Completion Date (month, day, year) 3/2018		
Address of Taxpayer (number and street, city, state, and ZIP code) 455 West Factory Street, Wabash, IN 46992 Name of Contact Person Christopher K. Wetherford Christopher K. Wetherford Christopher K. Wetherford Christopher K. Wetherford Code in the company of t	DLGF Taxing District Number 85-009 Wabash Email Address Estimated Start Date (month, day, year 8/1/2017 Actual Start Date (month, day, year 6/2017 Estimated Completion Date (month, day 1/1/2018 Actual Completion Date (month, day)		
Name of Contact Person Christopher K. Wetherford City of Wabash Cocation of Designating Body City of Wabash Cocation of Property Christopher K. Wetherford City of Wabash Cocation of Property Christopher K. Wetherford Christoph	85-009 Wabash Email Address Estimated Start Date (month, day, year 6/2017 Actual Start Date (month, day, year 6/2017 Estimated Completion Date (month, day 1/1/2018 Actual Completion Date (month, day 1/1/2018)		
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Description of Real Property Improvements Pre-engineered 45,000 sq ft clear span warehouse facility, 12" reinforced floors, heated, air movers, fire suppression SECTION 3 EMPLOYEES AND SALARIES EMPLOYEES AND SALARIES AS ESTIMATED ON SB-1 Current Number of Employees 193 Salaries 12,992,000.00 Number of Employees Retained 193 Salaries 12,992,000.00 Number of Additional Employees Undetermined	Estimated Completion Date (month, da 1/1/2018 Actual Completion Date (month, day		
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Salaries 12,992,000.00 Number of Employees Retained 193 Salaries 12,992,000.00 Number of Additional Employees Undetermined	215		
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Salaries 12,992,000.00 Number of Additional Employees Undetermined	215		
Number of Additional Employees Undetermined			
Trained of Adamonal Employees	23,872,322		
Salaries	11		
	135,917		
SECTION 4 COST AND VALUES			
COST AND VALUES REAL ESTATE IMPROVEMENTS	<u> </u>		
AS ESTIMATED ON SB-1 COST	ASSESSED VALUE		
Values Before Project \$ 217,000.00 \$			
Plus: Values of Proposed Project \$ 1,000,000.00 \$	\$		
Less: Values of Any Property Being Replaced \$ 217,000.00 \$			
Net Values Upon Completion of Project \$ 793,000.00 \$			
ACTUAL COST	ASSESSED VALUE		
AOTONE	\$		
Values belove 1 roject	\$ 1,372,900.00		
1 lab. Values 3.7 reposes 1 lejest	\$		
Less. Values of Arry Hoperty Being Replaced \$ 0.00	\$ 1,372,900.00		
Not values open completion or reject	-D		
SECTION 5 WASTE CONVERTED AND OTHER BENEFITS PROMISED BY THE TAXPAYI WASTE CONVERTED AND OTHER BENEFITS AS ESTIMATED ON			
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Although of Hazardon visite Converted			
Office Deficitio.	0.00		
SECTION 6 TAXPAYER CERTIFICATION			
I hereby certify that the representations in this statement are true.			
Signature of Authorized Representative Title Authorized Agent	Date Signed (month, day,		

OPTIONAL: FOR USE BY A DESIGNATING BODY WHO ELECTS TO REVIEW THE COMPLIANCE WITH STATEMENT OF BENEFITS (FORM CF-1)

INSTRUCTIONS: (IC 6-1.1-12.1-5.3 and IC 6-1.1-12.1-5.9)

- 1. Not later than forty-five (45) days after receipt of this form, the designating body <u>may</u> determine whether or not the property owner has substantially complied with the Statement of Benefits (Form SB-1/Real Property).
- 2. If the property owner is found NOT to be in substantial compliance, the designating body shall send the property owner written notice. The notice must include the reasons for the determination, including the date, time, and place of a hearing to be conducted by the designating body. The date of this hearing may not be more than thirty (30) days after the date this notice is mailed. A copy of the notice may be sent to the county auditor and the county assessor.
- 3. Based on the information presented at the hearing, the designating body shall determine whether or not the property owner has made reasonable efforts to substantially comply with the Statement of Benefits (Form SB-1/Real Property), and whether any failure to substantially comply was caused by factors beyond the control of the property owner.
- 4. If the designating body determines that the property owner has **NOT** made reasonable efforts to comply, the designating body shall adopt a resolution terminating the property owner's deduction, if the designating body adopts such a resolution, the deduction does not apply to the next installment of property taxes owed by the property owner or to any subsequent installment of property taxes. The designating body shall immediately mail a certified copy of the resolution to: (1) the property owner; (2) the county auditor; and (3) the county assessor.

We have reviewed the CF-1 and find that:							
	The Property Owner IS in Substantial Compliance						
	The Property Owner IS NOT in Substantial Compliance						
	Other (specify)						
Reaso	Reasons for the Determination (attach additional sheets if necessary)						
Signat	ure of Authorized Member			Date Signed (month, day, year)			
Atteste	ed By	Designa	ating Body				
If the property owner is found not to be in substantial compliance, the property owner shall receive the opportunity for a hearing. The following date and time has been set aside for the purpose of considering compliance. (Hearing must be held within thirty (30) days of the date of mailing of this notice.)							
	f Hearing AM Date of Hearing (month, day, ye		Location of Hearing	,			
	— PM						
	HEARING RESULTS (to be	comple	ted after the hearing)				
	☐ Approved		☐ Denied (see	e Instruction 4 above)			
Reaso	ns for the Determination (attach additional sheets if necessary)						
Signat	ure of Authorized Member			Date Signed (month, day, year)			
Atteste	d By	nating Body					
APPEAL RIGHTS [IC 6-1.1-12.1-5.9(e)]							
A property owner whose deduction is denied by the designating body may appeal the designating body's decision by filing a complaint in the office of the clerk of the Circuit or Superior Court together with a bond conditioned to pay the costs of the appeal is determined against the property owner.							