Reset Form

FORM SES / WPD

STATEMENT FOR DEDUCTION OF ASSESSED VALUATION

(Attributed to Solar Energy System or Solar, Wind, Geothermal, or Hydroelectric Power Device)

State Form 18865 (R10 / 6-14)

Prescribed by the Department of Local Government Finance

INSTRUCTIONS: To be filed in person or by mail by the owner of such property with the County Auditor of the county in which the property is located. A person who is no longer eligible for this deduction shall notify the County Auditor of this change. (IC 6-1.1-12-36)

FILING DATES:

(1) Real Property: Must be completed and dated by December 31 of the year for which the person wishes to obtain the deduction and filed or postmarked on or before January 5 of the following calendar year.

(2) Mobile/Manufactured Home assessed under IC 6-1.1-7: Must be completed, dated, and filed during the twelve (12) months before March 31 of the year the deduction is to be effective.

(3) State Distributable Property under IC 6-1.1-8 (solar powered device only): Must be completed and dated by December 31 of the year for which the person wishes to obtain the deduction and filed on or before January 5 of the following calendar year.

(4) Personal Property under IC 6-1.1-3 (solar powered device only): Must be completed and dated by December 31 of the year for which the person wishes to obtain the deduction and filed on or before January 5 of the following calendar year. In addition to filing this form for the deduction, an applicant must also attach a Form 103-SPD to either his personal property tax return or his amended personal property tax return for each year the deduction is desired.
(IC 6-1.1-12-26; 6-1.1-12-26.1; 6-1.1-12-27.1; 6-1.1-12-29; 6-1.1-12-30; 6-1.1-12-33; 6-1.1-12-34; 6-1.1-12-35.5; 6-1.1-12-36)

All claims for a deduction filed on a geothermal or hydroelectric system or device must be accompanied by proof of certification of qualification by the Department of Environmental Management pursuant to IC 6-1.1-12-35.5.

CERTIFICATION STATEMENT

I (We), _____ certify that I (we) own or am (are) buying on contract or am (are) leasing the real property from the real property owner the following real property, mobile/manufactured home, state distributable property, or personal property that is subject to assessment and property taxation and for which a:

☐ Solar Energy Heating or Cooling System ☐ Wind Power Device ☐ Geothermal Device ☐ Hydroelectric Device

Solar Power Device*: ☐ Real ☐ Mobile/Manufactured Home ☐ State Distributable ☐ Personal Property

*Applies to a solar power device installed after December 31, 2011.

deduction from assessed valuation is hereby claimed in _____ county.

Date system/device was installed *(month, day, year)*	Total deduction claimed $

PROPERTY DESCRIPTION

Taxing District *(city, town, township)*	Township	Legal description or key number
If a deduction was allowed last year, have there been any changes in the property? ☐ Yes ☐ No		Parcel number
Address of owner *(number and street, city, state, and ZIP code)*		
I (We) hereby certify that the above statement is true, correct, and complete.	Signature	Date *(month, day, year)*

FOR AUDITOR'S USE ONLY		Assessment Date First Effective 20 ____ Payable 20 ____
1	Total assessed value of real property or mobile/manufactured home including qualifying device/system.	$
2(a)	For wind; geothermal; hydroelectric; real property or mobile/manufactured home with a solar powered device: Enter the assessed valuation without the qualifying device/system.	
2(b)	For solar energy system only: Out-of-pocket expenditures for components and installation labor.	
2(c)	For personal property solar power device deduction: Enter amount calculated on Form 103-SPD.	
2(d)	For state distributable solar power device deduction: Enter assessed value of qualifying equipment.	
3	Deduction: Line 1 minus Line 2(a); or enter the actual amount shown on Line 2(b), 2(c), or 2(d).	

VERIFICATION BY ASSESSING OFFICIAL

Is property recommended for deduction? ☐ Yes ☐ No	Recommended deduction	Comments, if any
Signature of assessing official	Printed name of assessing official	Date signed *(month, day, year)*

FINAL DETERMINATION OF COUNTY AUDITOR

Deduction determined by County Auditor for March 1, 20 ____ payable in 20 ____.		Approved deduction $
Signature of county auditor	Printed name of county auditor	Date signed *(month, day, year)*
Description or reasons for change:		

Distribution on date of filing: Original - County Auditor; File stamped copy - Applicant; File stamped copy - Township Assessor, if any, or County Assessor

Distribution on date that determination is made: Original - County Auditor; Copy - Applicant; Copy - Township Assessor, if any, or County Assessor