



STATEMENT FOR DEDUCTION OF ASSESSED VALUATION
(Attributed to Solar Energy System or Solar, Wind, Geothermal, or Hydroelectric Power Device)

FORM SES / WPD

State Form 18865 (R12 / 1-20)
 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) *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 calendar year in which the property taxes are first due and payable.*
 - (2) *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.*
 - (3) *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: | |
| <input type="checkbox"/> Solar Energy Heating or Cooling System <input type="checkbox"/> Wind Power Device <input type="checkbox"/> Geothermal Device <input type="checkbox"/> Hydroelectric Device | |
| Solar Power Device*: <input type="checkbox"/> Real <input type="checkbox"/> Mobile/Manufactured Home <input type="checkbox"/> State Distributable <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 assessment date of _____, 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: | | |