

Department of Local Government Finance
Report of Appealing Taxing Unit

The Department of Local Government Finance (“Department”) has prescribed this template through which a petitioner supplies the information the Department requires pursuant to IC 6-1.1-18.5-12(c). In 2020, the required information must be filed with the Department on or before **OCTOBER 20** or, in the case of an appeal due to a shortfall (IC 6-1.1-18.5-16), on or before **DECEMBER 30**. Only submissions bearing postmarks (or a timestamp, if sent by email) of **OCTOBER 20** or **DECEMBER 30** (for shortfall appeals only) or earlier will be considered.

Shortfall appeals can only be calculated after the final tax distribution. The Department requests that appeals for shortfalls in a prior year’s tax settlement be filed by the October 20 deadline to prevent delays in the processing of annual budgets, tax rates, and tax levies.

All requests for consideration of an appeal must be specific. Please note that the Department will utilize reports from the budget certification process (Form 3, Fund Report, and Estimate of Miscellaneous Revenues) and the unit’s submitted Annual Financial Report on Gateway during its review of an appeal application. If this information is not representative of your unit’s current financial situation, please provide updated financial information and explanations as to the differences.

The Department may deny or modify an excess levy appeal on the basis that the unit has sufficient fund balances to allow it to carry out its governmental functions. The Department will take circuit breaker credits into consideration when estimating fund balance amounts.

Note that IC 6-1.1-17-3(a)(5) requires that any request for an excess levy appeal be advertised as part of the notice to taxpayers of the estimated budget. Failure to comply with IC 6-1.1-17-3(a)(5) will be cause for denial.

Additional questions about excess levy appeals may be directed to your [Budget Field Representative](#).

To submit a petition to the Department, units will complete only the individual page(s) applicable to the appeal(s) and the certification page. Petitions should also include any additional supporting documentation that contains and explanation or justification of the appeal and the appeal amount.

Completed applications may be submitted electronically via email or fax.

Email: MBucy@dlgf.in.gov
Fax: (317) 974-1629

EXCESS LEVY APPEAL PETITION

On this page, check all appeals for which you are applying, state the amount of the appeal(s), and submit the appropriate worksheets.

TAXING UNIT: _____ COUNTY: _____

FISCAL OFFICER: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: _____

EMAIL ADDRESS: _____

FINANCIAL CONSULTANT (IF APPLICABLE): _____

PLEASE INDICATE BELOW THE TYPE AND AMOUNT OF APPEAL TO BE CONSIDERED

- \$ _____ Annexation, Consolidation/Reorganization, or Extension of Services
- \$ _____ Three-Year Growth Factor Equal to or Exceeding 2% of Statewide Growth Factor
- \$ _____ Emergency Levy Appeal (Natural disaster, an accident, or other unanticipated emergency; the Department does not consider the condition of general economic recession to be an unforeseen emergency.)
- \$ _____ Correction of Advertising, Mathematical, or Data Error
- \$ _____ Property Tax Shortfall Due to Erroneous Assessed Value

FOR CONSIDERATION, ALL SUBMISSIONS MUST INCLUDE:

- One complete package of all the below, including the appeal worksheet and the information required for the type of appeal under consideration.
- Copy of cover page, appeal worksheet(s), tax rate information page, and signed certification. (Only submit the worksheet(s) that is applicable to the appeal(s) for which you are applying.)
- Copy of resolution from fiscal body approving the excess levy appeal along with a statement that the unit will be unable to carry out the governmental functions assigned to it by law unless it is granted this appeal. The unit must include reasonably detailed statements of fact supporting this statement. (IC 6-1.1-18.5-12(a))
- All documentation required for the specific appeal, as specified on the worksheet(s).
- Reasonably detailed statement explaining how and why your unit determined it cannot carry out its governmental functions without this appeal (IC 6-1.1-18.5-12(a)).

Please attach each item below to this petition and indicate with a [✓] the items attached. If an item has not been attached, provide an explanation for its exclusion.

PETITION TO APPEAL FOR AN INCREASE ABOVE THE MAXIMUM LEVY

The _____ of _____,
(Fiscal Body) (Taxing Unit)

_____ County, State of Indiana, has determined to appeal to the
(County Name)

Department of Local Government Finance for an excess property tax levy.

Please check the appropriate excess levy appeal(s) and provide the dollar amount(s) requested.

Annexation/Consolidation/Reorganization/Extension of Services (IC 6-1.1-18.5-13(a)(1))	\$ _____
Three-Year Growth (IC 6-1.1-18.5-13(a)(3))	\$ _____
Emergency Levy Appeal (IC-1.1-18.5-13(a)(12))	\$ _____
Property Tax Shortfall (IC 6-1.1-18.5-16)	\$ _____
Correction of Error (IC 6-1.1-18.5-14)	\$ _____

The fiscal body of _____, _____ County, hereby resolves to proceed with a petition for an excess property tax levy to the Department of Local Government Finance to increase the taxing unit's maximum levy and we represent that the taxing unit cannot carry out its governmental functions under its current maximum levy for the ensuing calendar year without the excess levy.

Adopted this _____ day of _____, 20_____

FOR

AGAINST

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

ATTEST: _____

CERTIFICATION

I, the undersigned, hereby certify that the attached appeal information and supporting documentation is correct to the best of my knowledge and belief.

Signed this _____ day of _____, 20 _____

(Printed Name of Fiscal Officer)

(Signature)

(Title)

(Email)

(Printed Name of Financial
Advisor/Consultant)

(Signature)

(Email)

Information can be submitted to the Department electronically via email or fax:
Email: MBucy@dlgf.in.gov
Fax: (317) 974-1629

**LOCAL INCOME TAX AND MISCELLANEOUS REVENUE DISTRIBUTION
INFORMATION**

Revenue Type	2018	2019	2020	2021 (Estimated)
LIT				
CVET				
Excise				
FIT				

TAX RATE INFORMATION

Total District Rate	2018	2019	2020	2021 (Estimated)

Tax Rate Impact:

- A. 2020 net assessed value \$ _____
- B. Total amount of appeal(s) \$ _____
- C. Unit's rate impact of appeal(s) = [B/(A/100)] _____ %
- D. District rate impact = C/2020 Total District Rate _____ %

Tax Levy Impact:

- E. Total amount of requested appeal \$ _____
- F. Unit's total levy for current year \$ _____
- G. Percent increase (E/F) _____ %

1) Did the fiscal body approve this excess levy appeal(s)? Yes No

2) Was there any opposition or objection to the excess levy appeal? Yes No

If yes, please provide a summary of the objection:

Summary may be included on separate attachment.

3) Was an excess levy appeal(s) on the ensuing year's budget notice? Yes No

4) Has this unit transferred funds to its rainy day fund during this budget year or the immediately preceding budget year (or in the year in which the annexation, consolidation/reorganization, an extension of services, error, shortfall, or emergency occurred)? Yes No

If yes, please state the fund(s) and amounts from which transfers were made:

Fund _____	Amount \$ _____
Fund _____	Amount \$ _____
Fund _____	Amount \$ _____
Fund _____	Amount \$ _____

Please provide the current balance in your unit's rainy day fund and indicate whether any of this amount will be spent in the near future and how so:

Summary may be included on separate attachment.

If no, does the unit plan to transfer funds to its rainy day fund in the near future?

Yes No Amount \$ _____

**ANNEXATION, CONSOLIDATION/REORGANIZATION,
OR EXTENSION OF SERVICES
(IC 6-1.1-18.5-13(a)(1))**

Required documentation for annexation, consolidation/reorganization, and extension of services appeals:

- A. All ordinances (or resolutions).
- B. All fiscal impact statements.
- C. Description of the situation leading to annexation, consolidation/reorganization, or extension of services.
- D. What are the dollar and percentage change in assessed value?

For Annexation:

Amount of appeal: \$ _____

Effective date of annexation: ____ / ____ / ____

1. State the time frame of annexation to be considered.

As of January or March 1: Year _____ Year _____ Year _____

2. This question relates to automatic increases in the maximum levy of up to 15% as a result of increased assessed value stemming from the annexation. In consideration of question 1 above, what levy increases occurred under IC 6-1.1-18.5-3(a) for each budget year? Has the Department already approved any excess levy appeals requested by the unit pursuant to IC 6-1.1-18.5-13(a)(1) due to this annexation?

Budget Year _____ Adjustment Made \$ _____

Budget Year _____ Adjustment Made \$ _____

Budget Year _____ Adjustment Made \$ _____

Annexation Appeal Amount:

- (a) Total amount of appeal \$ _____
- (b) Total amounts from question 2 above \$ _____
- (c) Line (a) – line (b) \$ _____
- (d) Number of years attributable to line (a) above _____
- (e) Divide line (c) by line (d) \$ _____
- (f) New est. misc. revenues from annexed area \$ _____
- (g) Total annual new revenues [Lines (e) plus (f)] \$ _____

Note: If a unit is appealing for multiple years, consideration will only be given to the *average* budget increase over the period of annexation.

3. State for *each year* for the budget classification indicated below the increase in expenses for which the appeal should be considered. (Attach separate sheets, if necessary.)

Category	Year _____	Year _____	Year _____	Total
Personnel	\$ _____	\$ _____	\$ _____	\$ _____
Supplies	\$ _____	\$ _____	\$ _____	\$ _____
Services & Charges	\$ _____	\$ _____	\$ _____	\$ _____
Debt	\$ _____	\$ _____	\$ _____	\$ _____
Capital Outlay	\$ _____	\$ _____	\$ _____	\$ _____
Township Assistance	\$ _____	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____	\$ _____

Note: The above must be completed for consideration of this appeal.

4. Does the total amount requested match the amount in the fiscal impact statement for each annexation (include copies of all resolution(s)/ordinance(s) and fiscal impact statements)?
_____ Yes _____ No

If no, please explain the differences:

5. Specifically, what types of services will be needed and/or increased? Justify the financial need for the appeal.

ANNEXATION, CONSOLIDATION/REORGANIZATION, OR EXTENSION OF SERVICES
(IC 6-1.1-18.5-13(a)(1))

For Consolidation or Reorganization (IC 36-1.5):

A copy of the Reorganization Plan and Fiscal Impact Statement is required including any appropriate maps.

Amount of Appeal: \$ _____

1. Date of referendum approving the consolidation/reorganization: _____ / _____ / _____
 Effective date of consolidation/reorganization: _____ / _____ / _____

2. Specifically, what types of services will be needed and/or increased?

3. What funds will be needed for the newly-consolidated or reorganized unit and what new miscellaneous revenues will be generated? Justify the financial need for the appeal.

4. State for *each year* for the budget classification indicated below the increase in expenses for which the appeal should be considered. (Attach separate sheets, if necessary.)

Category	Year	Year	Year	Total
Personnel	\$	\$	\$	\$
Supplies	\$	\$	\$	\$
Services and Charges	\$	\$	\$	\$
Debt	\$	\$	\$	\$
Capital Outlay	\$	\$	\$	\$
Township Assistance	\$	\$	\$	\$
Total	\$	\$	\$	\$

Note: The above must be completed for consideration of this appeal.

5. Does the total amount requested match the amount in the fiscal impact statement for the consolidation or reorganization (include copies of all resolution(s)/ordinance(s) and fiscal impact statements)? _____ Yes _____ No

If no, please explain the differences:

6. Does the fiscal impact statement describe the effect of the consolidation/reorganization on the other units of government in the jurisdiction? If not, please describe.

7. Discuss the certified savings described in IC 36-1.5-3-5.

8. Has the Department already approved any excess levy appeals requested by the unit pursuant to IC 6-1.1-18.5-13(a)(1) due to this consolidation/reorganization?

Budget Year _____ Adjustment Made \$ _____

Budget Year _____ Adjustment Made \$ _____

Budget Year _____ Adjustment Made \$ _____

ANNEXATION, CONSOLIDATION/REORGANIZATION, OR EXTENSION OF SERVICES
(IC 6-1.1-18.5-13(a)(1))

For Extension of Services:

Amount of Appeal: \$ _____

1. Effective date for the extension of services: ____/____/____
2. Describe the extension of services and what services are being extended?
3. What is the percent change in assessed valuation? _____%
4. Did another fiscal body need to approve the extension of services? ____ Yes ____ No
If yes, attach the approval documentation from that fiscal body including ordinances and resolutions.
5. State for *each year* for each budget classification indicated below the increase in expenses for which the appeal should be considered. (Attach separate sheets, if necessary.)

Category	Year	Year	Year	Total
Personnel	\$	\$	\$	\$
Supplies	\$	\$	\$	\$
Services and Charges	\$	\$	\$	\$
Debt	\$	\$	\$	\$
Capital Outlay	\$	\$	\$	\$
Township Assistance	\$	\$	\$	\$
Total	\$	\$	\$	\$

Note: The above must be completed for consideration of this appeal.

6. Discuss the total amount requested and justify the financial need for the appeal. Indicate how much miscellaneous revenue will be generated by the extension of services.

THREE-YEAR GROWTH FACTOR
(IC 6-1.1-18.5-13(a)(2))

A unit qualifies to seek a three-year growth appeal if its average assessed value growth over the last three years exceeds the statewide average maximum levy growth quotient (“MLGQ”) for the same time period by at least 2%. The following is a description of the steps the Department takes in accordance with IC 6-1.1-18.5-13(a)(3) to determine a unit’s eligibility and maximum appeal amount.

Step 1: Determine the three (3) calendar years that most immediately precede the ensuing calendar year and in which a statewide general reassessment of real property under IC 6-1.1-4-4 does not first become effective (2020, 2019, and 2018).

Step 2: Calculate the assessed value of all taxable property for the unit, plus the assessed value deducted under the inventory deduction in 2006 Pay 2007, plus the amount deducted under the homestead supplemental deduction in 2008 Pay 2009. For each of those years, divide that amount by the amount calculated for the previous year.

Step 3: Sum the results of Step 2 and divide by three (3).

Step 4: Add the statewide total assessed value of all taxable property for all units, plus the assessed value deducted under the inventory deduction in 2006 Pay 2007, plus the assessed value deducted for the homestead supplemental deduction in 2008 Pay 2009. For each year, divide that amount by the amount calculated for the previous year. The calculations for Steps 4 and 5 are performed below:

Statewide Averages Adjusted for Inventory and Homestead Deductions

2018	1.0196
2019	1.0242
2020	1.0335

Step 5: Add the Step 4 results and divide by three (3): $(1.0196 + 1.0242 + 1.0335) / 3 = 1.0257$.

Step 6: Divide the Step 3 results by Step 5 results.

If Step 6 is equal to or greater than 1.02, then the unit is eligible for the appeal. The maximum amount that the Department may award in this appeal is the amount by which Step 3 exceeds the MLGQ as calculated according to IC 6-1.1-18.5-2. (This amount is 1.042 for 2021.)

Answer the following questions:

1. Justify the financial need for the appeal. State the budget appropriation line items and amounts that cannot be funded without this increase to the maximum levy.

2. State precisely which of those items are the highest priority to fund.

3. Will this appeal increase the Operating Balance (Line 11) of Budget Form 4b?
_____ Yes _____ No

If yes, indicate the anticipated increase: \$ _____

EMERGENCY LEVY APPEAL
(IC 6-1.1-18.5-13(a)(3))

A levy increase may be granted if a unit cannot carry out its governmental functions for an ensuing calendar year under the levy limitations imposed by IC 6-1.1-18.5-3 due to a natural disaster, an accident, or another unanticipated emergency.

Describe the event that caused these circumstances. Please note that the Department does not consider the condition of the general economic recession to be an unforeseen emergency. Likewise, the Department does not consider the consequences of past fiscal policymaking by a unit to be an unforeseen emergency. **Additionally, a general impact on governmental functions due to COVID would not satisfy the requirements for this type of appeal. A unit will have to point to a specific, localized, quantifiable impact and provide sufficient additional documentation to support this appeal.**

This is a temporary appeal.

Total amount of the appeal: \$ _____

Attach an ordinance/resolution from the unit fiscal body declaring that the unit cannot carry out its governmental functions for the ensuing year without the appeal and why.

CORRECTION OF ADVERTISING, MATHEMATICAL, OR DATA ERROR
(IC 6-1.1-18.5-14)

An excess levy may be granted to a unit for the correction of an advertising error, mathematical error, or error in data made at the local level for a calendar year if the error affected the tax rate or levy of the unit or the determination of the unit's maximum levy.

Note: The correction cannot be related to refunds or errors made and/or corrected due to assessment appeals. These types of "errors" are addressed through the shortfall appeal.

This appeal contemplates objective and mechanical or typographical errors only. The Department will not consider appeals seeking to correct a unit's past *policy* decisions.

1. **Describe this error.** (The type and cause of error must be specific. Appeals requesting consideration for errors that "may" occur will not be considered.)

2. Date on which error was identified: ____ / ____ / _____

3. State the error's impact on the ensuing year's levy and justify the financial need for the appeal.

PROPERTY TAX SHORTFALL DUE TO ERRONEOUS ASSESSED VALUATION
(IC 6-1.1-18.5-16)

This appeal is applicable only to those funds under the maximum permissible levy as determined by IC 6-1.1-18.5-3. "Shortfall" is defined as a unit receiving a property tax distribution less than the unit's certified levy due to erroneous assessed value estimates or refunds paid on successful assessment appeals. The impact of circuit breaker credits does not constitute a shortfall for purposes of this appeal and those losses cannot be recovered with additional property taxes. Also, a difference in assessed valuation between the certified net assessed value and the county abstract does not mean that an error necessarily occurred. A unit alleging a shortfall because of a difference in assessed valuation between the certified net assessed value and the county abstract must demonstrate to the Department that the difference was due to an actual error, not simply the auditor's statutorily-permissible withholding of assessed valuation under IC 6-1.1-17-0.5. State the taxing year(s) for which this appeal is to be considered and the amount to be considered for each year (i.e., which budget year experienced a shortfall?).

Although a shortfall appeal is statutorily not due until December 30, the Department requests that this appeal be submitted as soon as possible to facilitate timely budget review and certification.

Pay _____ \$ _____ Pay _____ \$ _____

This appeal is based on the unit's share of lost revenues shown on the Certificate of Error or Certificate of Tax Refund Claims. The Actual Distribution column is not to include delinquent property tax payments or circuit breaker credits. Also, the Department will not grant a shortfall appeal in an amount greater than the unit's portion of errors and refunds, even if the unit's actual shortfall is greater than its portion of errors and refunds.

Complete the following information to compute the amount of distribution of less than 100% of the unit's certified levy. List only funds within the maximum levy; debt funds and cumulative funds do not qualify for this appeal. Columns A, B, and C can be found on the Certified Budget Order.

(A) Fund	(B) Certified Levy	(C) Certified Rate	(D) Actual Distribution	(E) Circuit Breaker
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
Total	\$	\$	\$	

In the past five years, has the unit experienced a levy excess? _____ Yes _____ No
 (If yes, state the taxing year and amount.)

2019 \$ _____
 2018 \$ _____
 2017 \$ _____
 2016 \$ _____
 2015 \$ _____

Using the form below, complete the calculation on the next page.

The following information must be attached to this document for the appeal to be considered:

- (a) County Form 127-CER (Register of Certificates of Error) for the year(s) in which the shortfall occurred for each taxing district of which the unit is a taxing entity.

- (b) County Form 17-TC (Certificate of County Auditor of Tax Refund Claims) for each taxing district of which the unit is a taxing entity. Refunds must clearly indicate the assessment year for which the refund is claimed.
- (c) County Form 22 (County Auditor's Certificate of Tax Distribution) for each year the unit is claiming a property tax shortfall (for both the June & December settlements).

Please highlight on the auditor's reports the pertinent information used in this calculation. Additionally, units must use the "Net" column; penalty and interest amounts do not qualify.

PROPERTY TAX SHORTFALL DUE TO ERRONEOUS ASSESSED VALUATION
(IC 6-1.1-18.5-16)

District # and Name	District Net Error Amount	District Net Refund Amount	Total District Errors & Refunds	District Rate	Unit's Rate	Unit's Percent of District Rate	Unit's Portion of Errors & Refunds
Total							

- Notes: Column A: List all the taxing districts of which the unit is a part.
Column B: Enter the amount from the net column for that district from the 127-CER report.
Column C: Enter the amount from the net column for that district from the 17-TC report.
Column D: Add columns B and C.
Column E: This information can be found on the Department website; it is a page that is submitted with the Certified Budget Order.
Column F: This is the unit's total rate of all qualifying funds; it is the total rate from column C of the calculation in step 2.
Column G: Divide column F by column E.
Column H: Multiply column D by column.