HC-500 Schedule B
(R3 / 9-09)

Indiana Department of Revenue
Facility Information

Facility Name _____

Facility Address or Location _____

City _____ State _____ Zip Code _____

Phone Number _____

County _____ Title III ID # (issued by IDEM) ☐

Category Code (Check 1 box only) A ($200.00) ☐ B ($100.00) ☐ C ($50.00) ☐ Exempt ☐

New Facility ☐ Existing Facility Omitted from HC-500 ☐

Facility Name _____

Facility Address or Location _____

City _____ State _____ Zip Code _____

Phone Number _____

County _____ Title III ID # (issued by IDEM) ☐

Category Code (Check 1 box only) A ($200.00) ☐ B ($100.00) ☐ C ($50.00) ☐ Exempt ☐

New Facility ☐ Existing Facility Omitted from HC-500 ☐

Facility Name _____

Facility Address or Location _____

City _____ State _____ Zip Code _____

Phone Number _____

County _____ Title III ID # (issued by IDEM) ☐

Category Code (Check 1 box only) A ($200.00) ☐ B ($100.00) ☐ C ($50.00) ☐ Exempt ☐

New Facility ☐ Existing Facility Omitted from HC-500 ☐

Facility Name _____

Facility Address or Location _____

City _____ State _____ Zip Code _____

Phone Number _____

County _____ Title III ID # (issued by IDEM) ☐

Category Code (Check 1 box only) A ($200.00) ☐ B ($100.00) ☐ C ($50.00) ☐ Exempt ☐

New Facility ☐ Existing Facility Omitted from HC-500 ☐