

2018 ARIZONA AGRICULTURAL BUSINESS PROPERTY STATEMENT

THIS STATEMENT IS CONFIDENTIAL AND IS SUBJECT TO AUDIT BY THE ASSESSOR. FAILURE TO COMPLETE AND RETURN BY THE REQUIRED DATE WILL RESULT IN A PENALTY OF TEN PERCENT OF THE AMOUNT OF TAXES DUE, PURSUANT TO A.R.S. § 42-15053(F)(2).

COMPLETE IN FULL AND RETURN TO ASSESSOR

BY:

MAILING DATE

ASSESSOR'S USE ONLY

TAXPAYER / ACCOUNT NUMBER	LOC	CK
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NEW TAXPAYER

AREA CODE				
BOOK	MAP	PARCEL	SPL	CK
PRORATE	10% PENALTY		AP	
			YES	

DO NOT MAKE CHANGES IN ADDRESS AREA - SEE SECTION 1 BELOW

IMPORTANT - READ FIRST! Before completing this form, please read the instructions for information on reporting requirements and the amount of exemption.

SIGN SECTION 6 TO CLAIM THE EXEMPTION.

SECTION 1: COMPLETE THIS SECTION ONLY IF THIS IS A NEW BUSINESS OR IF THERE IS A CHANGE IN NAME AND / OR ADDRESS.

1. FARM OR RANCH NAME _____ C / O _____
2. ADDRESS _____ CITY _____ STATE _____ ZIP _____
3. PROPERTY LOCATION ADDRESS _____ CITY _____ STATE **AZ** ZIP _____
4. TYPE OF AGRICULTURAL PRODUCTION _____ FEIN _____
5. DATE STARTED IN THIS COUNTY _____ CONTACT PERSON _____ PHONE _____

SECTION 2: DO NOT MAKE CORRECTIONS IN THIS SECTION. MAKE ALL CHANGES, ADDITIONS OR DELETIONS TO PROPERTY COST LISTED BELOW IN SECTION 4. THE ACQUISITION COST OF PROPERTY REPORTED LAST YEAR IS LISTED BELOW BY SCHEDULE AND YEAR ACQUIRED.

SCHED.	YEAR	ACQUISITION COST	CLASS	CODE	SCHED.	YEAR	ACQUISITION COST	CLASS	CODE

TAX YEAR: 2018

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SHADED AREAS FOR ASSESSOR'S USE ONLY

FARM OR RANCH NAME _____ TAXPAYER / ACCOUNT NUMBER _____

SECTION 3:									
ASSESSOR'S USE ONLY	CLASS	CLASS	CLASS	CLASS	CLASS	CLASS	CLASS	CLASS	CLASS
	<input type="text"/> A	<input type="text"/> B	<input type="text"/> C	<input type="text"/> D	<input type="text"/> E	<input type="text"/> G	<input type="text"/> J	<input type="text"/> L	<input type="text"/> N
	TBL # LIFE	TBL # LIFE	TBL # LIFE	TBL # LIFE	TBL # LIFE	TBL # LIFE	TBL # LIFE	TBL # LIFE	TBL # LIFE

SECTION 4: ADDITIONS AND DELETIONS: ENTER YOUR ACQUISITION COST IN THE APPROPRIATE SCHEDULE FOR PROPERTY ACQUIRED DURING THE PRIOR YEAR WHICH YOU OWNED ON 12/31/2017. ENTER YOUR ACQUISITION COST IN THE APPROPRIATE SCHEDULE AND THE YEAR OF ACQUISITION FOR ALL PROPERTY DELETED DURING THE PRIOR YEAR.

SCHEDULE	A	B	C	D	E	G	J	L	N
YEAR OF ADDITIONS OR DELETIONS	OFFICE FURNITURE AND EQUIPMENT	MACHINERY AND EQUIPMENT SELF-PROPELLED	MACHINERY AND EQUIPMENT NOT SELF-PROPELLED	DAIRY EQUIPMENT	COMPUTER EQUIPMENT	SUPPLIES ON HAND DECEMBER 31	COPYING EQUIPMENT	LASER CONTROLS	SADDLES AND HAND TOOLS ON HAND DECEMBER 31
ADDITIONS: YEAR									
Qualified									
Non-Qualified									
Qualified									
Non-Qualified									

DELETIONS: YEAR									
20 ____									
20 ____									
20 ____									
20 ____									
20 ____									

	ACQUISITION YEAR	DESCRIPTION	ACQUISITION COST	ADDITION OR DELETION	TABLE NO.	LIFE
SCHEDULE F: OTHER PROPERTY	Qualified					
	Non-Qualified					
SCHEDULE H: LEASEHOLD IMPROVEMENT	Qualified					
	Non-Qualified					

SCHEDULE M: TAXABLE ANIMALS AND LIVESTOCK (SEE INSTRUCTIONS BEFORE COMPLETING)

DESCRIPTION	QUANTITY ON 12/31	CODE	DESCRIPTION	QUANTITY ON 12/31	CODE

SECTION 5: ADDITIONAL INFORMATION REQUIRED.

LEASED OR RENTED PROPERTY: Attach a list of all leased or rented property in your possession.

UNOWNED PROPERTY: Attach a list of property located at your place of business which you do not own, lease, or rent.

GOVERNMENT OWNED LAND: If located on government property, attach a list providing the governmental owner's name and address.

SECTION 6: AFFIRMATION OF PROPERTY STATEMENT AND CLAIM OF EXEMPTION

By signing below, I hereby affirm that this is a full, true, and complete statement of property that is claimed by, or that is in the possession or control of the undersigned, and it is verifiable from records and files of the above named business. The person whose signature is affixed below likewise claims an exemption amount not to exceed the first \$167,130 of full cash value. Each eligible taxpayer is entitled to one statewide exemption.

Print Name of Property Owner or Authorized Agent _____	Date _____	Taxpayer Federal Employer Identification No. _____
Signature of Property Owner or Authorized Agent _____	Phone _____	Name of County in which you are Claiming Exemption _____

SUPPLEMENTAL INFORMATION ATTACHED: YES NO Indicate the county in which you are claiming exemption. If claiming exemption in multiple counties, include list in Supplemental Information.

TAXPAYER RETURN ORIGINAL FORM AND COPY BOTH SIDES FOR YOUR FILES