

2012 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. SEE A.R.S. § 42-15053(F)(2).

COMPLETE IN DETAIL
AND RETURN TO ASSESSOR

BY: _____

MAILING DATE _____

ACCOUNT NUMBER _____

ASSESSOR'S USE ONLY

(E) IN PROCESS _____
 (D) N AND A CHANGE _____
 (H) DELETE ACCT. _____
 APPR. _____ DATE _____
 (E) NO CHANGE _____
 (J) DETAIL INPUT _____

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.

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

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 _____
5. DATE STARTED IN THIS COUNTY _____ CONTACT PERSON _____ PHONE _____

TAX YEAR: 2012

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

2012 ARIZONA AGRICULTURAL BUSINESS PROPERTY STATEMENT
SHADED AREAS FOR ASSESSOR'S USE ONLY

FARM OR RANCH NAME _____ TAXPAYER / ACCOUNT NUMBER _____

SECTION 3:									
ASSESSOR'S USE ONLY	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								

SECTION 4: ADDITIONS AND DELETIONS: ENTER YOUR ACQUISITION COST IN THE APPROPRIATE SCHEDULE FOR PROPERTY ACQUIRED DURING THE PRIOR YEAR WHICH YOU OWNED ON 12/31/2011. 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	A	B	C	D	E	G	J	L	N
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 \$68,079 of full cash value. Each eligible taxpayer is entitled to one statewide exemption.

Print Name of Property Owner or Authorized Agent _____ Date _____ Name of County in which you are Claiming Exemption _____

Signature of Property Owner or Authorized Agent _____ Phone _____

SUPPLEMENTAL INFORMATION ATTACHED: YES NO

TAXPAYER: RETURN ORIGINAL FORM AND COPY BOTH SIDES FOR YOUR FILES