

RETURN TO:

PHILIP S. LEIENDECKER
 COCHISE COUNTY ASSESSOR
 P.O. BOX 168
 BISBEE, ARIZONA 85603

**2022 ARIZONA
 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(G)(2).

ASSESSOR'S USE ONLY

TAXPAYER / ACCOUNT NUMBER LOC CK

NEW TAXPAYER

AREA CODE

BOOK MAP PARCEL SPL CK

PRORATE AP

10% PENALTY YES

COMPLETE IN FULL AND RETURN TO ASSESSOR

BY: 04/01/2022

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|-----------------------------------|-------------------------------------|
| MAILING DATE 02/01/2022 | EXISTING ACCOUNT NUMBER P |
|-----------------------------------|-------------------------------------|

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. Statutes have changed from prior years. The exemption amount this year is \$207,366.

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

1. BUSINESS NAME _____ C/O _____
2. ADDRESS _____ CITY _____ STATE _____ ZIP _____
3. PROPERTY LOCATION ADDRESS _____ CITY _____ STATE _____ ZIP _____
4. BUSINESS TYPE (Manufacturing, Office, Restaurant, etc.) _____ 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 3. 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 |
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TAX YEAR: 2022

2022 ARIZONA BUSINESS PROPERTY STATEMENT
SHADED AREAS FOR ASSESSOR'S USE ONLY

BUSINESS NAME _____ TAXPAYER/ACCOUNT NUMBER _____

Taxpayer is not required to report the value of qualifying personal property that does not exceed the amount of the current year maximum exemption. However, submitting a complete and full report of all assets is advised as it will help to ensure the correct application of the exemption and accuracy of the assessor's valuation. In addition, all personal property statements filed with the assessor may be subject to audit, may be used as evidence in any prosecution brought under A.R.S. § 42-15055, and may be subject to penalty if property is found to have been under-reported or to have escaped taxation. Accounts not subject to filing requirements may be audited. A.R.S. § 42-15052 through § 42-15055 and § 42-11002.

SECTION 3: ADDITIONS AND DELETIONS: ENTER YOUR TOTAL ACQUISITION COST AND YEAR ACQUIRED OR DELETED.

ADDITIONS

| Year Acquired | New or Used | Furniture <i>office, store or hotel</i> | Fixtures <i>store, hotel or other</i> | Machinery & Equipment | Computers | Electronic Equipment <i>phones, faxes, TV's</i> | Other <i>Please describe</i> |
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DELETIONS

| Year Acquired | New or Used | Furniture <i>office, store or hotel</i> | Fixtures <i>store, hotel or other</i> | Machinery & Equipment | Computers | Electronic Equipment <i>phones, faxes, TV's</i> | Other <i>Please describe</i> |
|---------------|-------------|--|--|-----------------------|-----------|--|---------------------------------|
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LEASEHOLD IMPROVEMENTS

| Year Acquired | New or Used | Property Description |
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SECTION 4: 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, rent or lease.

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

By checking here, I am submitting a complete listing and requesting the assessor calculate any applicable exemption amount. I request the exemption be applied in _____ County. If claiming the exemption in multiple counties, submit list with Supplemental Information

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.

 Print Name of Property Owner or Authorized Agent Date Email Address

 Signature of Property Owner or Authorized Agent Phone If claiming exemption in multiple counties, include list in Supplemental Information.

SUPPLEMENTAL INFORMATION ATTACHED? YES NO

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