Print Clear Form

RETURN TO:

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

2022 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(G)(2).

COMPLETE IN FULL AND RETURN TO ASSESSOR
BY: 04/01/2022

MAILING DATE 02/01/2022

EXISTING ACCOUNT NUMBER P

ASSESSOR'S USE ONLY

TAXPAYER / ACCOUNT NUMBER | LOC | CK

☐ NEW TAXPAYER

AREA CODE | BOOK | MAP | PARCEL | SPL | CK

PRORATE | 10% PENALTY ☐ YES | AP

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. 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 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

TAX YEAR: 2022

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

2022 ARIZONA AGRICULTURAL BUSINESS PROPERTY STATEMENT

SHADED AREAS FOR ASSESSOR'S USE ONLY

FARM OR RANCH 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 *office, store or hotel*	Fixtures *store, hotel or other*	Machinery & Equipment	Computers	Electronic Equipment *phones, faxes, TV's*	Other *Please describe*

DELETIONS

Year Acquired	New or Used	Furniture *office, store or hotel*	Fixtures *store, hotel or other*	Machinery & Equipment	Computers	Electronic Equipment *phones, faxes, TV's*	Other *Please describe*

LEASEHOLD IMPROVEMENTS

Year Acquired	New or Used	Property Description

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 ☐

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