

2017 ARIZONA BUSINESS PROPERTY STATEMENT
SHADED AREAS FOR ASSESSOR'S USE ONLY

BUSINESS 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"/> I	<input type="text"/> J	<input type="text"/> Q
	TBL # LIFE	TBL # LIFE	TBL # LIFE	TBL # LIFE	TBL # LIFE	TBL # LIFE	TBL # LIFE	TBL # LIFE	TBL # LIFE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 4: ADDITIONS AND DELETIONS: ENTER YOUR ACQUISITION COST IN THE APPROPRIATE SCHEDULE FOR PROPERTY ACQUIRED DURING THE PRIOR YEAR WHICH YOU OWNED ON 12/31/2016. 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	I	J	Q
YEAR OF ADDITIONS OR DELETIONS	OFFICE FURNITURE AND EQUIPMENT	STORE, MOTEL APARTMENT FURNITURE & FIXTURES	MACHINERY AND EQUIPMENT	SPECIAL TOOLS DIES AND JIGS	COMPUTER EQUIPMENT	SUPPLIES ON HAND DECEMBER 31	CONSTRUCTION EQUIPMENT	COPYING EQUIPMENT	NUMBER OF RENTAL VIDEO TAPES

ADDITIONS:	YEAR								
QUALIFIED									
NON-QUALIFIED									
QUALIFIED									
NON-QUALIFIED									

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

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

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 government 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 \$159,498 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