Maricopa County Assessor
Paul D. Petersen, Assessor

TAX EXEMPTION CLAIM FORM

IRS Issued EIN (Employer Identification Number):_____

NEW ☐
RENEWAL ☐

Organization Name: _____

Organization Mailing Address: _____

Property Address: _____

Book/Map/Parcel #: _____-_____-_____   Personal Property Acct #:_____
(Attach inventory list with property values)

Organization Rep & Title:_____

Telephone: _____Email: _____Date Filed: _____

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FOR THE ASSESSOR TO CONSIDER YOUR CLAIM, YOU MUST ANSWER ALL QUESTIONS & ATTACH ALL SUPPORTING DOCUMENTS. The Assessor may require additional proof of facts stated by the claimant, per ARS 42-11152. Please verify and correct any information pre-printed on this form for renewals.

Under which section of ARS Title 42, Chapter 11, Article 3 does your organization claim exemption? _____

Exemption for: Land _____   Improvements _____   Personal Property/Mobile Unit _____

New applicants must submit copies of the following:
- State Income tax exemption letter (ARS 43-1201)
- Federal Income tax exemption letter from IRS 501-C-_____ (Please specify)
- Letter describing specific use(s) of property

Date property acquired by organization: _____ (Property must be in the name of the organization claiming exemption as of the lien date, January 1st. Failure to establish the fact of such recordation to the Assessor constitutes a waiver of exemption.)

Is any portion of the property rented, leased, used, or operated by another entity/person or organization since the March 1st lien date? ☐ Yes or ☐No Describe use: _____
    (You must provide a copy of the most current lease agreement)
Organization receives income from property, or support/subsidies from another source? ☐Yes or ☐No
Describe:_____

The Claimant as shown below, states the owner is not organized for profit and that no part of the net earnings of the owner inures to the benefit of any private shareholder or individual. For the Assessor to consider your claim, you must answer all questions and attach all supporting documents.

State of Arizona; County of Maricopa

I declare, under penalty of perjury, this claim for tax exemption including any supporting statements or documents is true and complete to the best of my knowledge and belief. I understand that failure to complete this form in its entirety may result in a delay or denial for exemption.

_____ Date**:** _____
          Claimant Signature

Subscribed and sworn to before me this: _____day of _____20_____

Signed:_____ (Deputy Assessor or Notary Public)