Suzanne Droubie Pima County Assessor 240 N Stone Ave Tucson, AZ 85701

Mailing Date

COMPLETE IN FULL AND RETURN TO ASSESSOR BY:

1. ACCOUNT NAME

2025 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 AN INCREASE OF 10% TO THE FULL CASH VALUE PURSUANT TO A.R.S. § 42-15055(C).

SECTION 1: COMPLETE THIS SECTION IF THIS IS A NEW BUSINESS OR IF THERE IS A CHANGE OR CORRECTION TO LINES 1 THRU 6.

CORPORATION NAME

ASSESSOR'S USE ONLY										
OWNER NUMBER										
NEW OWNER										
ACCOUNT NO:										
ACCOUNT TYPE:										
TELEPHONE:										
APPRAISER:										
AREA CODE LEG CLASS										

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.

2. C\O											
	ESS			C	ITY		STATE	ZIP			
4. PROPERTY LOCA	ATION ADDRESS			FEIN							
5. BUSINESS TYPE				NAICS							
6. DATE STARTED I	N THIS COUNTY	CON	TACT PERSON _	N PHONE ()							
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	USE-CODE	VAL TBL/LIFE	SCHED.	YEAR	ACQUISITION COST	USE-CODE	VAL TBL/LIFE			
CHECK HERE IF AS	SETS HAVE NOT CHANG	ED FROM 202	4								

DATE SOLD _____

NEW OWNER'S PHONE NUMBER:___

*TAXPAYER MUST ATTACH AN ITEMIZED LIST OF ASSETS TO INSURE PROPER CLASSIFICATION

*DID THIS LOCATION SELL SINCE LAST YEAR? Y N

NEW OWNER'S NAME: ___

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CECTION 2.															
ASSESSOR'S	.	CODE	\ —		USE-CODE			SE-CODE E	USE-CODE 6	USE-CO	DE L	USE-CODE	USE-COI		
USE	7 TBL	3 F		BL# LIFE	7 TBL#		BL# LIFE	7 3 L	7 3 G	7 TBL#	LIFE	7 3	7 3	Q LIFE	
ONLY		1	0					5 0 4	0 0 4	1		1 0	5 5	0 2	
SECTION 4:															
SCHEDUI	LE	Α	ı	В		С	D	E	G	I 1		J		Q	
YEAR OF FURNI' ADDITIONS OR AN DELETIONS EQUIPM		TURE D	FURNITURE AND		INERY AND JIPMENT	SPECIAL TOOLS DIES AND JIGS	COMPUTER EQUIPMENT	SUPPLIES ON HAND DECEMBER 31	CONSTRUCTION EQUIPMENT		COPYING EQUIPMENT	RENTA	NUMBER OF RENTAL VIDEO TAPES		
ADDITIONS:	YEAR	Lise ad	ditions	to list acquis	ition cos	t in the ar	propriate sche	dule			•		•		
Qualified	TEAN	OSE au	untions	to list acquis	1	t iii tiie ap	propriate scrie	dule							
Non-Qualified													+		
Qualified											1				
Non-Qualified															
DELETIONS:	YEAR	Use de	letions	to remove a	quisitio	n cost in t	ne appropriate	schedule and	acquisition yea	r					
20															
20															
20															
			AC	QUISITION	YEAR	1	DESCRIPTION	ON	ACQUISITIO	N COST	Add or Del	Use-Code	TABLE NO.	LIFE	
				Qualified	TEAR		DESCRIPTION OF THE PROPERTY OF		Acquisino		Add of Bei	7 3	IABLE NO.		
CCUE	NUE 5.			Qualified								7 3			
SCHEDULE F: OTHER PROPERTY		Non-Qualified									7 3				
			n-Qualified								7 3				
				Qualified								7 3			
SCHEL	OULE H:			Qualified								7 3			
LEASEHOLD IN		EMENT	No	n-Qualified								7 3			
			No	Non-Qualified								7 3			
	LE UN GC	ASED OI NOWNE OVERNM	R RENT D PRO IENT C	PERTY: Attach DWNED LAND	Y: Attach a list of : If locate	a list of a property ed on gov	II leased or ren located at your ernment prope	location which	n you do not o	wn, leas	se, or rent. nment owr	ner's name a	and addres	ss.	
SECTION	0. A	T T I K /V\	AIIOI	OF PROP	EKII 3	AIEME	N1								
possession (or con	trol of t	the un	dersigned, a	ind it is	verifiable	complete sta from record te and apply	s and files of	the above na	med b	usiness.	l am	ne		
Print Name of Property Owner or Authorized Agent						Date			Taxpayer Federal Employer Identification No.						
						()									
Signature of Property Owner or Authorized Agent							Phone	,	N	Name of County in which you are Claiming 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. I am reporting only property in excess of the 2025 business exemption amount of \$269,905 of Full Cash Value.															
Print Name of	of Property Owner or Authorized Agent						Date	<u> </u>	—— — Ta	Taxpayer Federal Employer Identification No.					
Signature of Property Owner or Authorized Agent Phone Name of County in which you are Claiming								laiming Exe	mption						

SUPPLEMENTAL INFORMATION ATTACHED? YES _____ NO____ Contact Email Address_____