

**Bill Staples  
Pima County Assessor  
240 N Stone Ave  
Tucson, AZ 85701**

**2017 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).

Mailing Date

COMPLETE IN FULL AND RETURN TO ASSESSOR BY:

**ASSESSOR'S USE ONLY**

OWNER/TAXPAYER NUMBER

NEW OWNER/TAXPAYER

ACCOUNT NO: \_\_\_\_\_

APPRAISER: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

ATTACHED-IND: \_\_\_\_\_

AREA CODE

LEG CLASS

PARCEL

10% PENALTY

YES

Skip Code \_\_\_\_\_

**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.  
SIGN SECTION 6 TO CLAIM THE EXEMPTION.**

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

1. ACCOUNT NAME \_\_\_\_\_ CORPORATION NAME \_\_\_\_\_
2. C/O \_\_\_\_\_
3. MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_
4. PROPERTY LOCATION ADDRESS \_\_\_\_\_ FEIN \_\_\_\_\_
5. BUSINESS TYPE \_\_\_\_\_ NAICS \_\_\_\_\_
6. 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 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 ASSETS HAVE NOT CHANGED FROM 2016 \_\_\_\_\_  
 \*TAXPAYER MUST ATTACH AN ITEMIZED LIST OF ASSETS TO INSURE PROPER CLASSIFICATION  
 \*DID THIS LOCATION SELL SINCE LAST YEAR? Y N DATE SOLD \_\_\_\_\_

NEW OWNER'S NAME: \_\_\_\_\_ NEW OWNER'S PHONE NUMBER: \_\_\_\_\_

# 2017 ARIZONA BUSINESS PROPERTY STATEMENT

<b>SECTION 3:</b>									
<b>ASSESSOR'S USE ONLY</b>	USE-CODE <b>7 3 A</b> TBL # LIFE 1 0	USE-CODE <b>7 3 B</b> TBL # LIFE	USE-CODE <b>7 C</b> TBL # LIFE	USE-CODE <b>7 D</b> TBL # LIFE	USE-CODE <b>7 3 E</b> TBL # LIFE 5 0 4	USE-CODE <b>7 3 G</b> TBL # LIFE 0 0 4	USE-CODE <b>7 I</b> TBL # LIFE 1	USE-CODE <b>7 3 J</b> TBL # LIFE 1 0 5	USE-CODE <b>7 3 Q</b> TBL # LIFE 5 0 2

**SECTION 4:**

SCHEDULE	A	B	C	D	E	G	I	J	Q
YEAR OF ADDITIONS OR DELETIONS	OFFICE FURNITURE AND EQUIPMENT	STORE, MOTEL APARTMENT FURNITURE AND 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

<b>ADDITIONS:</b>	YEAR	Use additions to list acquisition cost in the appropriate schedule							
Qualified									
Non-Qualified									
Qualified									
Non-Qualified									

<b>DELETIONS:</b>	YEAR	Use deletions to remove acquisition cost in the appropriate schedule and acquisition year							
20__									
20__									
20__									
20__									
20__									
20__									
20__									
19__									
19__									
19__									
19__									

	ACQUISITION	YEAR	DESCRIPTION	ACQUISITION COST	Add or Del	Use-Code	TABLE NO.	LIFE
<b>SCHEDULE F: OTHER PROPERTY</b>	Qualified					<b>7 3</b>		
	Qualified					<b>7 3</b>		
	Non-Qualified					<b>7 3</b>		
	Non-Qualified					<b>7 3</b>		
<b>SCHEDULE H: LEASEHOLD IMPROVEMENT</b>	Qualified					<b>7 3</b>		
	Qualified					<b>7 3</b>		
	Non-Qualified					<b>7 3</b>		
	Non-Qualified					<b>7 3</b>		

**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 location 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**

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 allowance amount not to exceed the first \$159,498 of full cash value. **Each eligible taxpayer is entitled to one statewide exemption allowance.**

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 \_\_\_\_\_ Contact Email Address \_\_\_\_\_**

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