RETURN TO:

CAMMY DARRIS
NAVAJO COUNTY ASSESSOR
PO BOX 668
HOLBROOK, AZ 86025

COMPLETE IN FULL AND RETURN TO ASSESSOR

BY:

MAILING DATE

2016 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 A PENALTY OF TEN PERCENT OF THE AMOUNT OF TAXES DUE, PURSUANT TO A.R.S. § 42-15053(F)(2).

Print Clear Form

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 and the amount of exemption.

SIGN SECTION 6 TO CLAIM THE EXEMPTION.

SECTION 1: COMPLETE THIS SECTION ONLY IF THIS IS A NEW BUSINESS OR IF THERE IS A CHANGE IN NAME AND / OR ADDRESS.

1. BUSINESS NAME _____ C / O _____
2. ADDRESS _____ CITY _____ STATE _____ ZIP _____
3. PROPERTY LOCATION ADDRESS _____ CITY _____ STATE AZ ZIP _____
4. BUSINESS TYPE (Manufacturing, Office, Restaurant, etc.) _____ 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 4. 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: 2016

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

2016 ARIZONA BUSINESS PROPERTY STATEMENT

SHADED AREAS FOR ASSESSOR'S USE ONLY

BUSINESS NAME _____ TAXPAYER / ACCOUNT NUMBER _____

SECTION 3:									
ASSESSOR'S USE ONLY	CLASS A	CLASS B	CLASS C	CLASS D	CLASS E	CLASS G	CLASS I	CLASS J	CLASS Q
	TBL # / LIFE	TBL # / LIFE	TBL # / LIFE	TBL # / LIFE	TBL # / LIFE	TBL # / LIFE	TBL # / LIFE	TBL # / LIFE	TBL # / LIFE

SECTION 4: ADDITIONS AND DELETIONS: ENTER YOUR ACQUISITION COST IN THE APPROPRIATE SCHEDULE FOR PROPERTY ACQUIRED DURING THE PRIOR YEAR WHICH YOU OWNED ON 12/31/2015. 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 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
ADDITIONS: YEAR									
QUALIFIED									
NON-QUALIFIED									
QUALIFIED									
NON-QUALIFIED									
DELETIONS: YEAR									
20 _____									
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 $152,926 of full cash value. Each eligible taxpayer is entitled to one statewide exemption.

_____ Print Name of Property Owner or Authorized Agent

_____ Date

_____ Name of County in which you are Claiming Exemption

_____ Signature of Property Owner or Authorized Agent

_____ Phone

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