

**2023 ARIZONA  
AGRICULTURAL  
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(G)(2).

COMPLETE IN FULL AND RETURN TO ASSESSOR

BY: \_\_\_\_\_

MAILING DATE \_\_\_\_\_

**ASSESSOR'S USE ONLY**

TAXPAYER / ACCOUNT NUMBER  LOC  CK

NEW TAXPAYER

BOOK  MAP  PARCEL  SPL  CK

AREA CODE

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. Statutes have changed from prior years. The exemption amount this year is \$225,572.

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

1. FARM OR RANCH NAME \_\_\_\_\_ C/O \_\_\_\_\_
2. ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_
3. PROPERTY LOCATION ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE **AZ** ZIP \_\_\_\_\_
4. TYPE OF AGRICULTURAL PRODUCTION \_\_\_\_\_ 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 3. 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: 2023**

**2023 ARIZONA AGRICULTURAL BUSINESS PROPERTY STATEMENT**  
**SHADED AREAS FOR ASSESSOR'S USE ONLY**

FARM OR RANCH NAME \_\_\_\_\_ TAXPAYER/ACCOUNT NUMBER \_\_\_\_\_

Taxpayer is not required to report the value of qualifying personal property that does not exceed the amount of the current year maximum exemption. However, submitting a complete and full report of all assets is advised as it will help to ensure the correct application of the exemption and accuracy of the assessor's valuation. In addition, all personal property statements filed with the assessor may be subject to audit, may be used as evidence in any prosecution brought under A.R.S. § 42-15055, and may be subject to penalty if property is found to have been under-reported or to have escaped taxation. Accounts not subject to filing requirements may be audited. A.R.S. § 42-15052 through § 42-15055 and § 42-11002.

**SECTION 3: ADDITIONS AND DELETIONS: ENTER YOUR TOTAL ACQUISITION COST AND YEAR ACQUIRED OR DELETED.**

**ADDITIONS**

Year Acquired	New or Used	Furniture <i>office, store or hotel</i>	Fixtures <i>store, hotel or other</i>	Machinery & Equipment	Computers	Electronic Equipment <i>phones, faxes, TV's</i>	Other <i>Please describe</i>

**DELETIONS**

Year Acquired	New or Used	Furniture <i>office, store or hotel</i>	Fixtures <i>store, hotel or other</i>	Machinery & Equipment	Computers	Electronic Equipment <i>phones, faxes, TV's</i>	Other <i>Please describe</i>

**LEASEHOLD IMPROVEMENTS**

Year Acquired	New or Used	Property Description

**SECTION 4: 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, rent or lease.

**GOVERNMENT OWNED LAND:** If located on government property, attach a list providing the government owner's name and address.

By checking here, I am submitting a complete listing and requesting the assessor calculate any applicable exemption amount. I request the exemption be applied in \_\_\_\_\_ County. If claiming the exemption in multiple counties, submit list with Supplemental Information

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.

_____	_____	_____
Print Name of Property Owner or Authorized Agent	Date	Email Address
_____	_____	If claiming exemption in multiple counties, include list in Supplemental Information.
Signature of Property Owner or Authorized Agent	Phone	

SUPPLEMENTAL INFORMATION ATTACHED? YES      NO

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