

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).

BY:

DO NOT MAKE CHANGES IN ADDRESS AREA - SEE SECTION 1 BELOW

**ASSESSOR'S USE ONLY**

CK

□

NEW TAXPAYER

CK

AP

450

YES

AP

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 \_\_\_\_\_

**TAX YEAR: 2026**

SCHED.	YEAR	ACQUISITION COST	CLASS	CODE

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**2026 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

\_\_\_\_\_  
Signature of Property Owner or Authorized Agent

\_\_\_\_\_  
Phone

If claiming exemption in multiple counties, include list in Supplemental Information.

**SUPPLEMENTAL INFORMATION ATTACHED? YES      NO**

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