RETURN TO:

COCONINO COUNTY ASSESSOR
110 E. CHERRY AVENUE
FLAGSTAFF, AZ 86001

2020 STATE OF ARIZONA
PERSONAL PROPERTY STATEMENT

CONFIDENTIAL

OWNER NAME AND ADDRESS:	PROVIDE CORRECTIONS FOR OWNERSHIP BELOW: DATE SOLD _____

IF NO ADDITIONS OR DELETIONS CHECK HERE ☐

ACCOUNT NUMBER	AREA CODE	BUSINESS NAME	MAIL DATE	DUE DATE 04/01/2020

PHYSICAL LOCATION OF THE PERSONAL PROPERTY: PARCEL NUMBER	PROVIDE CORRECTIONS FOR PHYSICAL LOCATION BELOW: DATE MOVED _____

BUSINESS:
START-UP DATE (AT THIS LOCATION) _____ PRODUCT OR SERVICE PROVIDED _____

BUSINESS STATUS: (PLEASE CHECK THE APPROPRIATE BOXES ONLY)

☐ NEW BUSINESS/ORGANIZATION
PLEASE SUBMIT AN ITEMIZED LISTING OF PERSONAL PROPERTY AS INDICATED IN THE AFFIRMATION STATEMENT ON PAGE 2.

☐ EXISTING BUSINESS ORGANIZATION
INDICATE ADDITIONS/DELETIONS ON PAGE 2 IF NECESSARY.

Submitting a complete and full report of all assets is advised as it will ensure the correct application of the exemption and accuracy of the assessor's valuation. The taxpayer is not required to report the value of qualifying personal property that does not exceed the amount of the current year maximum exemption. Personal property accounts may be subject to audit and may be subject to penalty if property is found to have been underreported or to have escaped taxation. A.R.S. § 42-15053(G)(2) and § 42-15055.

LISTING OF PERSONAL PROPERTY:
LIST TAXABLE PERSONAL PROPERTY AS OF DECEMBER 31ST, USE PAGE 2 IF NECESSARY.

LINE #	YEAR	COMPLETE DESCRIPTION	ORIGINAL COST	LIFE

FOR ADDITIONS ONLY				
ASSET DESCRIPTION	YEAR ACQUIRED	NEW	USED	ORIGINAL COST
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
FOR DELETIONS ONLY				
ASSET DESCRIPTION	YEAR ACQUIRED	NEW	USED	ORIGINAL COST
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	

LEASED, LOANED, OR RENTED PROPERTY (FURNITURE, SIGNS, ETC.)
DECLARE PROPERTY OWNED BY OTHERS

☐ IF YOU POSSESSED ANY LEASED, LOANED, OR RENTED MACHINERY, EQUIPMENT, FURNITURE, SIGNS, VENDING MACHINES, ETC. ON DECEMBER 31ST, CHECK THE BOX AND COMPLETE THE SECTION BELOW.

OWNER/LESSOR'S NAME, ADDRESS, TELEPHONE	DESCRIPTION
☐	
☐	
☐	

AFFIRMATION OF PROPERTY STATEMENT AND EXEMPTION APPLICATION

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.

_____ Initial here if requesting $185,811 statewide personal property exemption in Coconino County.

Choose reporting method below:

_____ Initial here if you are providing Coconino County a full and complete asset list.

OR

_____ Initial here if you are providing Coconino County an asset list in excess of the $185,811 Full Cash Value exemption.

PHONE NUMBER

FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)

PRINT NAME OF PROPERTY OWNER OR AUTHORIZED AGENT

E-MAIL

SIGNATURE OF OWNER OR AUTHORIZED AGENT

DATE

PLEASE COMPLETE, SIGN AND RETURN TO THE ASSESSOR ON OR BEFORE 04/01/2020
KEEP ONE COPY FOR YOUR RECORDS

PER A.R.S. § 42-11127 ONLY CERTAIN PROPERTY CLASSES ARE ELIGIBLE TO RECEIVE THE PERSONAL PROPERTY EXEMPTION

SUPPLEMENTAL INFORMATION ATTACHED? YES ☐ NO ☐