

2003 ARIZONA AGRICULTURAL BUSINESS PROPERTY STATEMENT
SHADED AREAS FOR ASSESSOR'S USE ONLY

FARM OR RANCH NAME _____

TAXPAYER/ACCOUNT NUMBER _____

SECTION 3:

ASSESSOR'S USE ONLY	CLASS	CLASS	CLASS	CLASS	CLASS	CLASS	CLASS	CLASS	CLASS
	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E	<input type="checkbox"/> G	<input type="checkbox"/> J	<input type="checkbox"/> L	<input type="checkbox"/> N
	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 PRIOR YEAR WHICH YOU OWNED ON 12/31/2002. 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	J	L	N
YEAR OF ADDITIONS OR DELETIONS	OFFICE FURNITURE AND EQUIPMENT	MACHINERY & EQUIPMENT SELF-PROPELLED	MACHINERY & EQUIPMENT NOT SELF-PROPELLED	DIARY EQUIPMENT	COMPUTER EQUIPMENT	SUPPLIES ON HAND DECEMBER 31	COPYING EQUIPMENT	LASER CONTROLS	SADDLES AND HAND TOOLS ON HAND DECEMBER 31

ADDITIONS: YEAR

QUALIFIED									
NON-QUALIFIED									
QUALIFIED									
NON-QUALIFIED									

DELETIONS: YEAR

20 ____									
20 ____									
19 ____									
18 ____									
19 ____									

	ACQUISITION	YEAR	DESCRIPTION	ACQUISITION COST	ADDITION OR DELETION	TBL. NO.	LIFE
SCHEDULE F: OTHER PROPERTY	Qualified						
	Non-Qualified						
SCHEDULE H: LEASEHOLD IMPROVEMENT	Qualified						
	Non-Qualified						

SCHEDULE M: TAXABLE ANIMALS AND LIVESTOCK (SEE INSTRUCTIONS BEFORE COMPLETING)

DESCRIPTION	QUANTITY ON 12/31	CODE	DESCRIPTION	QUANTITY ON 12/31	CODE

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 claimed by, 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 \$55,465 of full cash value.

Print Name of Property Owner or Authorized Agent _____

Date _____

Signature of Property Owner or Authorized Agent _____

Phone _____

SUPPLEMENTAL INFORMATION ATTACHED? YES _____ NO _____

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