

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

**2019 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 04/01/2019
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PHYSICAL LOCATION OF THE PERSONAL PROPERTY:	PROVIDE CORRECTIONS FOR PHYSICAL LOCATION BELOW:
PARCEL NUMBER	

**BUSINESS:**  
 START-UP DATE (AT THIS LOCATION) \_\_\_\_\_ PRODUCT OR SERVICE PROVIDED \_\_\_\_\_

**BUSINESS STATUS: (PLEASE CHECK THE APPROPRIATE BOXES ONLY)**

- NEW BUSINESS/ORGANIZATION**  
YOU MUST GIVE A COMPLETE ITEMIZED LISTING OF ALL PERSONAL PROPERTY. INDICATE INVENTORY DETAIL ON PAGE 2 IF NECESSARY.
- EXISTING BUSINESS ORGANIZATION**  
INDICATE ADDITIONS/DELETIONS ON PAGE 2 IF NECESSARY.
- PROPERTY CHANGED LOCATION TO \_\_\_\_\_ ON(DATE) \_\_\_\_\_**

**\*\* FOR AN ACCURATE ASSESSMENT, WE MUST HAVE A COMPLETE LISTING OF PERSONAL PROPERTY.\*\***

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

LINE #	YEAR	COMPLETE DESCRIPTION	ORIGINAL COST	LIFE

E-Filed Asset List: Yes  No

(If Yes then skip to Affirmation Section. If No then complete ALL remaining sections.)

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
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

**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 \$176,003 of full cash value. Each eligible taxpayer is entitled to one statewide exemption.

NAME OF COUNTY IN WHICH YOU ARE CLAIMING EXEMPTION	FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)
PRINT NAME OF PROPERTY OWNER	* PRINT NAME OF PERSON SIGNING
SIGNATURE OF OWNER OR AUTHORIZED AGENT	DATE
PHONE NUMBER	E-MAIL ADDRESS

**PLEASE COMPLETE, SIGN AND RETURN TO THE ASSESSOR ON OR BEFORE 04/01/2019  
KEEP ONE COPY FOR YOUR RECORDS**