



**PROPERTY TAX FORM
RAILROAD COMPANIES
TAX YEAR 2024**



DUE: APRIL 1, 2023

TO:

STATE OF ARIZONA, DEPARTMENT OF REVENUE
LOCAL JURISDICTIONS DISTRICT
Centrally Valued Property Unit
1600 West Monroe, Division Code 13; Phoenix, Arizona 85007
Phone **(602) 716-6119**
Email address: **DWikoff@AZDOR.gov**
Year Ending December 31, 2022

Checklist of the required documents to accompany this return when filing:

- This 82051 Form (All 10 tabs)
- Original Cost Excel Report with Columns H & I Updated (PS-1220-1)
- Land Report with necessary revisions (If applicable) (PS-1220-12)
- PDF or scanned copy of signed and notarized Verification Page
- Financial documents available at time of filing (If necessary, send financials at a later date)

OFFICIAL MAILING ADDRESS

(Please indicate corrections of name and/or address.)

I N S T R U C T I O N S

This report is to provide information necessary for consideration in determining the full cash value of your railroad property in Arizona for property tax purposes. (ARS §§ 42-11051 through 42-11053, ARS §§ 42-14001 through 42-14005, and ARS §§ 42-14351 through 42-14358).

Forms will be mailed electronically via secure and encrypted email, unless the taxpayer's email address is unknown or invalid. Taxpayers are encouraged to submit their Property Tax Form via the secure and encrypted email chain initiated from the Department. If the electronic format submission is selected, all pages of the completed Property Tax Form must be returned to the Department. **Due to the confidential nature of the information that is reported, please be sure to use the secure and encrypted email chain initiated from the Department.** Otherwise, please submit a paper or facsimile copy. If the paper or facsimile format submission is selected, all pages of the completed Property Tax Form must be returned to the Department. **The verification page must be signed, dated, and notarized for the report to be accepted by the Department.**
DO NOT DETACH ANY PAGES

REFUSAL OR FAILURE TO FILE:

Failure to file a completed report **ON OR BEFORE APRIL 1**, or on the extended due date if an extension is granted, will result in a **PENALTY** which will be assessed in the amount of the lesser of one-half of one percent of the value estimated by the Department or one hundred dollars per day for each day the company fails to file the report, **calculated from the original due date, April 1, 2023**. Refusal or failure to complete and return the report form or any required schedule for any item shall constitute a separate offense (ARS § 42-14353).

RAILROAD COMPANIES

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RAILROAD COMPANIES FILING INFORMATION

On or before the first day of April each year each person owning, operating, or constructing a railroad in the state shall, by its president, secretary, tax agent or principal accounting officer, file with the Department a sworn statement or schedule containing:

1. Copies of the following reports, as of December 31, 2022, are required.
 - A. Your company's and your parent company's annual reports to stockholders.
 - B. Surface Transportation Board Reports representing the consolidated system.
 - C. Your company's or your parent company's annual report to the Securities and Exchange Commission, Form 10-K.
 - D. Current financial report to the Arizona Corporation Commission.
2. A listing of all proprietary information, assets, accumulated depreciation, income and expenses of the company, and distribution of cost, other factors, and licensed transportation equipment between Arizona and the system for the current and previous valuation years, as requested on tab 5 herein.
3. A schedule in tab 6 herein of non-capitalized leased or rented operating property systemwide must be submitted with this report to be considered in determination of the value.
4. A statement of the railroad company's right-of-way, mainline track, side tracks, and the aggregate length thereof, in each tax area code in which they are located in this state.
5. A complete listing of all buildings and structures, and the original cost of each, in each tax area code in which they are located in this state.
6. An update of the enclosed Arizona Operating Land report. Make corrections directly on that report. Complete operating land schedule in tab 7 herein for only those parcels being added since your last report.
7. A listing of **non-operating** land parcels and improvements in Arizona in tab 8 herein.
8. An update of the attached Statement of Original Cost. Make corrections directly on that report.
9. Such further information as the Department may require.

RAILROAD COMPANIES GENERAL INFORMATION

All schedules must be typewritten, legibly printed in ink, or completed electronically using Microsoft Excel 2013 or earlier software. If more space is required to complete any schedule, additional pages may be printed and attached as needed.

Taxpayers completing the Property Tax Form using Excel are required to return to the Department a signed, hard copy of their completed form.

If tabs 6, 7, or 8 contain more than one page of data, **reset the print area** to include all the data being reported. Unless otherwise set, these tabs are preset to one page of information. When you are ready to print, **"Ctrl + Shift + P"** will print all tabs and the additional pages that may have been included in the print range.

Extension Request:

An authorized representative of the company must make request for extension in writing. Extensions will be granted only for good cause. Extensions should only be requested for that information which is not available by April 1, 2023. All other required information must be submitted by April 1, 2023.

RAILROAD COMPANIES VALUATION METHODOLOGY

In accordance with ARS § 42-14355, the full cash value of railroad property operating in Arizona will be determined as follows:

1. Determine the base value.
2. Compute the value change factor.
3. Compute the current year system full cash value by multiplying the base value determined in number 1 above by the value change factor determined in number 2 above.
4. Compute the allocation factor.
5. Multiply the current year system full cash value determined under number 3 above by the allocation factor.
6. Compute the Arizona full cash value by subtracting the Arizona licensed transportation equipment value from the value determined under number 5 above.

For additional definitions of terms used in the computing of the valuation of railroad property refer to ARS § 42-14355 (B).

ARIZONA DEPARTMENT OF REVENUE
TAX YEAR 2024
TAXPAYER NAME:
TAXPAYER NUMBER
PROPRIETARY INFORMATION

Company Name: _____ Tax ID: _____

Refer all correspondence to:

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No.: _____ Fax No.: _____

E-mail Address: _____

Name of Arizona Manager: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No.: _____ Fax No.: _____

Type of Company: _____

Type of Ownership:

Corporation: Organization Year: _____

Partnership: Organization State: _____

Individual: Year Arizona Operations Commenced: _____

Other Specify: _____

Are you regulated by a regulatory agency?

No Yes By which agency? _____

Comments:

**ARIZONA DEPARTMENT OF REVENUE
 TAX YEAR 2024
 TAXPAYER NAME:
 TAXPAYER NUMBER
 PROPRIETARY INFORMATION**

FINANCIAL DATA - SYSTEM

Year Ended Year Ended
12/31/2022 12/31/2021

SYSTEM OPERATING PROPERTY:

1. LAND		
2. BUILDINGS AND STRUCTURES		
3. RAILROAD TRACK AND PROPERTY		
4. MACHINERY & EQUIPMENT (EXCLUDES LIC. TRANSPORT. EQUIP.)		
5. LICENSED TRANSPORTATION EQUIPMENT		
6. RAILWAY TRANSPORTATION EQUIPMENT		
7. FURNITURE AND FIXTURES		
8. CONSTRUCTION WORK IN PROGRESS		
ORIGINAL COST OF OPERATING PROPERTY		
9. ACCUM DEPRECIATION & AMORTIZATION (EXCLUDE LIC. VEHICLES)		
10. ACCUM DEPRECIATION - LICENSED VEHICLES		
11. MATERIALS & SUPPLIES		
12. NON-CAPITALIZED LEASED BUILDINGS AND STRUCTURES		
13. NON-CAPITALIZED LEASED EQUIPMENT		
14. ACCUM DEPRECIATION NON-CAP LEASED PROPERTY		

Comments:

NOTE: Explain any significant increase or decrease from the previous year in the comment section.

**ARIZONA DEPARTMENT OF REVENUE
 TAX YEAR 2024
 TAXPAYER NAME:
 TAXPAYER NUMBER
 PROPRIETARY INFORMATION**

INCOME/EXPENSE DATA - SYSTEM

Year Ended Year Ended
12/31/2022 12/31/2021

OPERATING REVENUES:

1. TOTAL OPERATING REVENUES		
2. OTHER OPERATING INCOME - NET		

OPERATING EXPENSES:

3. OPERATING & MAINTENANCE EXPENSE		
4. DEPRECIATION & AMORTIZATION EXPENSE		
5. NON-CAPITALIZED LEASED PROPERTY RENTALS		
6. GENERAL & ADMINISTRATIVE EXPENSE		
7. INTEREST EXPENSE		
8. TOTAL OTHER TAXES (OTHER THAN INCOME TAXES)		
TOTAL OPERATING EXPENSES		
OPERATING INCOME		
EBITDL (Earnings Before Interest, Taxes, Depreciation, and Lease Pymts.)		

Comments:

NOTE: Explain any significant increase or decrease from the previous year in the comment section.

VERIFICATION

State of _____

County of _____

I, _____, being duly sworn, upon my oath say that I am
the _____ of the _____ and that
the information contained in this report is complete, true and correct, according to the best of
my knowledge, information and belief.

Further, the Taxpayer waives its rights to confidentiality under A.R.S. §§ 42-2001 through
42-2004 with respect to tabs 6, 7 and 8 (pages 10, 11, and 12) of this report, and consents
to the disclosure of such information to County Assessors and their personnel by the Arizona
Department of Revenue in order to assure that all property is properly assessed and to help
protect against double assessments.

Signature

Subscribed in my presence and sworn to before me, a Notary Public, in and for said County and
state, by _____ on this the _____ day of
_____, a.d. 20 _____.

My commission expires _____, 20 _____

In Witness Whereof, I have hereunto set my seal of office.

Signature

This Form is not fillable. A Fillable Form is Available Online at or Upon Request



<https://azdor.gov/forms/power-attorney-poa-disclosure-forms/general-disclosurerepresentation-authorization>

Click The Blue Shaded Box For A Fillable Form

Arizona Form 285		General Disclosure/Representation Authorization Form	
You must sign this form on page 2			
1. TAXPAYER INFORMATION: Please print or type.		<i>Enter only those that apply:</i>	
Taxpayer Name		Social Security Number or ITIN	
Spouse's Name (if applicable)		Spouse's Social Security Number or ITIN	
Current Address - number and street, rural route		Apartment/Suite No.	Employer Identification Number
City, Town or Post Office	State	ZIP Code	Daytime Phone (with area code)
AZ Transaction Privilege Tax License No.			
2. APPOINTEE INFORMATION (Must sign if any checkboxes in Sections 4 or 5 below are selected)		<i>Enter one of the following identification numbers:</i>	
Name (must be an individual)		State and State Bar Number	
Current Address - number and street, rural route		Apartment/Suite No.	State and Certified Public Accountant Number
City, Town or Post Office		State	ZIP Code
Daytime Phone (with area code)		Internal Revenue Service Enrolled Agent Number	
		Social Security, ITIN, or Other ID No. Type	
3. TAX MATTERS: The appointee is authorized to receive confidential information for the tax matters listed below. By signing this form, I authorize the Department to release confidential information of the taxpayer(s) named above to the appointee named above for the tax type and tax year(s)/period(s) specified below. To grant additional powers, please see Section 4. To grant a Power of Attorney, please skip Section 4 and go to Section 5.			
TAX TYPE	YEAR(S) OR PERIOD(S)	TYPE OF RETURN/OWNERSHIP	
<input type="checkbox"/> Income Tax		<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation
		<input type="checkbox"/> Partnership	<input type="checkbox"/> Fiduciary-Estate/Trust
<input type="checkbox"/> Transaction Privilege and Use Tax		<input type="checkbox"/> Individual/Sole Proprietorship	<input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Trust
		<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Estate
<input type="checkbox"/> Withholding Tax			
<input checked="" type="checkbox"/> Other (e.g., Luxury Tax); Property Tax	TY 2022 - TY 20	Specify type of return(s)/ownership:	
4. ADDITIONAL AUTHORIZATION: Items 4a through 4h allow the Taxpayer(s) to grant additional authorization to the Appointee named above. Please check the boxes accordingly. An additional authorization must be in accordance with Arizona Supreme Court Rule 31. See instructions. If any checkboxes in Sections 4 or 5 are selected, the Appointee MUST sign on Page 2, Section 9.			
4a <input type="checkbox"/> Appointee shall have the power to sign a statute of limitations waiver on Taxpayer's behalf.			
4b <input type="checkbox"/> Appointee shall have the power to execute a protest of a deficiency assessment or a denied refund claim or to execute an agreement on Taxpayer's behalf.			
4c <input type="checkbox"/> Appointee shall have the power to request a formal hearing on Taxpayer's behalf.			
4d <input type="checkbox"/> Appointee shall have the power to represent the taxpayer in any administrative tax proceeding.			
4e <input type="checkbox"/> Appointee shall have the power to execute a closing agreement on Taxpayer's behalf.			
4f <input type="checkbox"/> Appointee shall have the power to represent the taxpayer in any collection matter including an Offer-in-Compromise.			
4g <input type="checkbox"/> Appointee shall have the authority to delegate to others any or all authority granted to appointee by this document.			
4h <input type="checkbox"/> Other (please specify): _____			
5. <input type="checkbox"/> POWER OF ATTORNEY: By checking the box on Section 5, the taxpayer grants the above-named appointee a Power of Attorney to perform any and all acts that the taxpayer can perform with regard to the above-mentioned tax matters and tax year(s) or period(s). This Power of Attorney includes, but is not limited to, the powers listed in items 4a through 4h. The use of a Power of Attorney must be in accordance with Arizona Supreme Court Rule 31. Please specify any limitation to the Power of Attorney: _____			
6. <input type="checkbox"/> REVOCAION OF EARLIER AUTHORIZATION(S): By checking the box in Section 6, I revoke all prior authorizations filed with the Arizona Department of Revenue. The revocation will be effective as to all earlier authorizations and Powers of Attorney on file with the Arizona Department of Revenue except those specified (please specify): _____			

Taxpayer Name (as shown on page 1)	Taxpayer Identification Number
------------------------------------	--------------------------------

7. **CORPORATIONS HAVING CONTROLLED SUBSIDIARIES:** A.R.S. §42-2003(A)(1) provides that confidential information relating to a corporate taxpayer may be disclosed to a designee of the taxpayer who is authorized in writing by the taxpayer. A principal corporate officer of a parent corporation may execute a written authorization for a controlled subsidiary. A principal corporate officer of a parent corporation that desires to designate a person to receive confidential information regarding the corporation's controlled subsidiaries must either attach a list containing the names of each controlled subsidiary that the parent company wants included in the disclosure authorization (a federal Form 851 may be used for this purpose) or taxpayer may complete the following to include all controlled subsidiaries in the disclosure authorization. In addition, there is space provided to exclude specific controlled subsidiaries from the disclosure authorization.

Please check one of the following:

Include all controlled subsidiaries. A controlled subsidiary, for purposes of A.R.S. §42-2003, is defined as more than 50% ownership or control.

Include all controlled subsidiaries **except** the subsidiaries named below. The following controlled subsidiaries are **specifically excluded**:

	NAME	EMPLOYER I.D. NO.	TAX YEARS (if <u>not</u> all years)
7a	_____	_____	_____
7b	_____	_____	_____
7c	_____	_____	_____
7d	_____	_____	_____
7e	_____	_____	_____
7f	_____	_____	_____

8. **SIGNATURE OF OR FOR TAXPAYER:** I hereby certify that the Arizona Department of Revenue is authorized to release any and all confidential information concerning the Taxpayer(s). By signing this form, I certify that I have the authority, within the meaning of A.R.S. §42-2003(A), to execute this authorization form on behalf of the Taxpayer(s). I understand that to knowingly prepare or present a document which is fraudulent or false is a Class 5 felony pursuant to A.R.S. §42-1127(B)(2).

By checking this box and signing below I certify under penalty of perjury that I am an officer of the above mentioned corporation(s) and that I am a principal officer, as defined in A.R.S. §42-2003(A)(2).

➔	_____	➔	_____
	SIGNATURE		SIGNATURE
	DATE		DATE
	_____		_____
	PRINT NAME		PRINT NAME
	_____		_____
	TITLE		TITLE

9. **DECLARATION OF APPOINTEE:** Complete if Appointee has been given authority under Section 4 or Section 5 or is otherwise authorized to practice law as defined in Rule 31(a) of the Arizona Rules of the Supreme Court.

Under penalties of perjury, I declare that I am one of the following:

9a A full-time officer, partner, member or manager of a limited liability company, or employee if the individual qualifies under Rule 31(d)(13) of the Arizona Rules of the Supreme Court.

9b Attorney - an active member of the State Bar of Arizona.

9c Certified Public Accountant - duly qualified to practice as a Certified Public Accountant in Arizona.

9d Federally Authorized Tax Practitioner within the meaning of A.R.S. §42-2069(D)(1). If Appointee is engaged in practice with a federally authorized tax practitioner, provide the practitioner's name and CAF number below:

PRACTITIONER'S NAME

CAF NUMBER

9e Other - This may be any individual, providing the total amount in dispute, including tax, penalties, and interest is less than \$5,000.00.

If this Declaration of Appointee is not signed and dated, the representation authorization will be returned.

DESIGNATION Check one box for each Appointee:	JURISDICTION (State)	SIGNATURE	DATE
<input type="checkbox"/> 9a <input type="checkbox"/> 9b <input type="checkbox"/> 9c <input type="checkbox"/> 9d <input type="checkbox"/> 9e			
<input type="checkbox"/> 9a <input type="checkbox"/> 9b <input type="checkbox"/> 9c <input type="checkbox"/> 9d <input type="checkbox"/> 9e			
<input type="checkbox"/> 9a <input type="checkbox"/> 9b <input type="checkbox"/> 9c <input type="checkbox"/> 9d <input type="checkbox"/> 9e			
<input type="checkbox"/> 9a <input type="checkbox"/> 9b <input type="checkbox"/> 9c <input type="checkbox"/> 9d <input type="checkbox"/> 9e			

A valid **Form 285** must be on file with the Department which authorizes the Department to release, disclose or discuss confidential information to the taxpayer's contact person. If the contact person or employee is not a corporate officer or manager member of the company, the Department may be prohibited from discussing confidential information with the contact person or employee. Therefore, a valid **Form 285** must be on file for every person who will have interactions involving confidential information with the Department. **The Form 285 may be used to appoint such Appointee for multiple years.** Additionally, the **Form 285** may be used to grant an Appointee a Power of Attorney, if the appointed individual intends to represent the taxpayer before the Department in administrative matters.

The following are considered designated signatories for the Form 285: a chief executive officer, president, secretary, treasurer, vice president of tax, chief financial officer, chief operating officer or chief tax officer or any other corporate officer who has the authority to bind the taxpayer on matters related to state taxes.

If an employee, or anyone to whom all future correspondence is referred to, is completing the Property Tax Form on behalf of the company and is not one of Principal Corporate Officers or LLC Manager Members noted above, please have one of the Principal Corporate Officers or LLC Manager Members complete and sign a Arizona Form 285 (General Disclosure/ Representation Authorization Form) on behalf of the employee(s) if it is expected that the employee(s) may have to receive any future confidential information from the Department or field any future questions or clarify any information reported on the Property Tax Form submitted to the Department.

Finally, a **Form 285P** enables the taxpayer to designate a person or agent ("Appointee") to whom the Arizona Department of Revenue can release confidential information concerning the taxpayer's Centrally Valued Property, if the release of such information is not otherwise authorized by A.R.S. § 42-2003. **A separate Form 285P must be completed for each appointed agent and must be filled out on a yearly basis.**

For a link to the website containing these forms and instructions, go to:

<https://www.azdor.gov/Forms/PowerofAttorneyDisclosure.aspx>

Please Note: If you have previously filed a Form 285 General Disclosure/Representation Authorization Form with the Department, please review it and make sure it is current and up to date. If any revisions or changes need to be made, please make the appropriate changes and submit a new and updated Form 285 when you file this year's Property Tax Form.

[ation-form](#)