

ARIZONA DEPARTMENT OF REVENUE
Local Jurisdictions District - Centrally Valued Property Unit

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TAX YEAR 2020

**ELECTRIC TRANSMISSION & DISTRIBUTION COMPANIES
AND GAS DISTRIBUTION COMPANIES
PROPERTY TAX FORM**

FILING DUE DATE: APRIL 1, 2019

CVP Tax ID: _____

Company Name: _____

Contact: _____

Address: _____

City, State, Zip Code: _____

Email Address: _____

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

- This 82054 Form (All 13 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 Verification Page
- Financial documents available at time of filing (If necessary, send financials at a later date)

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ARIZONA PROPERTY TAX FORM
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AND GAS DISTRIBUTION COMPANIES
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PROPRIETARY INFORMATION

_____ Company Name _____ CVP Tax ID

Refer all correspondence to:

Name: _____ Title: _____

Address: _____

City, State Zip Code: _____

Telephone No.: _____ Fax No.: _____

Email 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?

Yes No By which agency? _____

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PROPRIETARY INFORMATION

Company Name

CVP Tax ID

Corporate Officers: (At Least One Name and Email Is Required) Mailing Address (If Different Than Above)

President:	_____	_____
Email Address:	_____	

Vice President:	_____	_____
Email Address:	_____	

Secretary:	_____	_____
Email Address:	_____	

Treasurer:	_____	_____
Email Address:	_____	

Chief Executive Officer:	_____	_____
Email Address:	_____	

Managing Member:	_____	_____
Email Address:	_____	

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BALANCE SHEET DATA

(Exclude all Generation and Renewable Energy Equipment Assets)

Line	FERC Account	Account Name	Year Ending 12-31-2018	
			System (a)	Arizona (b)
1.	101-103,106,114	Total Plant in Service (PIS) <u>Do not include</u> Contribution in Aid of Construction (CIAC)		
2.	108,111,115	PIS: Accumulated Provision for Depreciation & Amortization		
3.	101-103,106,114	Environmental Protection Facilities (EPF) - included in line 1		
4.	108,111,115	EPF: Accumulated Provision for Depreciation & Amortization included in line 2		
5.	101-103,106,114	PIS: Fee Land included in line 1		
6.	101-103,106,114	PIS: Land Rights included in line 1		
7.	108,111,115	PIS: Land Rights Accumulated Provision for Amortization included in line 2		
8.	101-103,106,114	PIS: Licensed Transportation Equipment included in line 1		
9.	108,111,115	PIS: Licensed Transportation Equipment Accumulated Provision for Depreciation & Amortization included in line 2		
10.	154, 155, 163	Materials and Supplies		
11.	107	Construction Work in Progress (CWIP)		
12.		CWIP: Fee Land included in line 11		
13.		CWIP: Land Rights included in line 11		
14.		CWIP: Licensed Transportation Equipment included in line 11		
NOTE: See reporting instructions on page 4. 15.		Non-Capitalized Leased Operating Property	////////////////////	

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ARIZONA PROPERTY COST DETAIL

Year Ending December 31, 2018

Account Name	Beginning Balance (a)	Additions (+) (b)	Retirements (-) (c)	Ending Balance (d)	Balance Sheet vs. Detail Reconciliation (e)
<u>Total from Balance Sheet brought forward*</u>					
<u>Original Cost</u>					
Transmission Plant					
Distribution Plant					
General Plant					
<u>Electric Plant-Purchased (Sold)</u>					
<u>Completed Construction Not Classified</u>					
<u>Electric Plant Acquisition Adjustment</u>					
Total Plant in Service					

*Note: Balance sheet plant in service brought forward in column "e" and plant in service total in column "d" must agree.

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ARIZONA PROPERTY ACCUMULATED DEPRECIATION DETAIL

Year Ending December 31, 2018

Account Name	Beginning Balance (a)	Additions (+) (b)	Retirements (-) (c)	Ending Balance (d)	Balance Sheet vs. Detail Reconciliation (e)
<u>Total from Balance Sheet brought forward*</u>					
<u>Accumulated Depreciation</u>					
Transmission Plant					
Distribution Plant					
General Plant					
<u>Electric Plant-Purchased (Sold)</u>					
<u>Completed Construction Not Classified</u>					
<u>Electric Plant Acquisition Adjustment</u>					
<u>Other Items</u>					
Total Accumulated Depreciation					

*Note: Balance sheet accumulated depreciation total brought forward in column "e" and total accumulated depreciation in column "d" must agree.

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NON-CAPITALIZED LEASED OR RENTED OPERATING PROPERTY SUMMARY

(Report all Non-Capitalized Leased or Rented Operating Property within the State of Arizona)

(Exclude Licensed Transportation Equipment)

As of December 31, 2018

	Original Cost	Accumulated Depreciation	Cost Less Depreciation	Annual Lease Payment
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Plant in Service (PIS)

Land:	N/A			
Buildings & Structures:				
Personal Property:				
Total PIS				

Environmental Protection Facilities (EPF)

Land:	N/A			
Buildings & Structures:				
Personal Property:				
Total EPF				

Construction Work in Progress (CWIP)

Land:	N/A			
Buildings & Structures:	N/A			
Personal Property:	N/A			
Total CWIP	N/A			

Grand Total

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**RECONCILIATION FOR ALLOCATING VALUE TO TAXING JURISDICTIONS (INCL. COMBINED GROUPS)
PER A.R.S. § 42-14157**

(Department of Revenue Costs on Original Cost Report vs. DOR Form 82054 and if applicable DOR Form 82050)

(For combined groups insert combined original costs of all related entities)

Line #	Description	Year Ending December 31, 2018
1.	<u>Total as per PS 1220-01 report - Arizona T&D PIS and/or Generation Plant(s) Original Cost, excluding EPF and CWIP</u>	(a)
2.	Total T&D PIS (Tab 2, Line 1)	
3.	Add: Non-Capitalized PIS Leased Property Cost (Tab 5)	
4.	Deduct: Environmental Protection Facilities (Tab 2, Line 3)	
5.	Deduct: Fee Land (Tab 2, Line 5)	
6.	Deduct: Land Rights (Tab 2, Line 6)	
7.	Deduct: Licensed Transportation Equipment (Tab 2, Line 8)	
8.	Add: Materials and Supplies (Tab 2, Line 10)	
9.	Total Arizona T&D PIS cost for FCV allocation	
10.	Add: Total Electric Generation Plant(s) Cost DOR Form 82050, Tab 11, line 7, as applicable.	
11.	Total Arizona T&D PIS plus Generation Plant(s) Cost (for FCV allocation)	(b)
	<i>T&D plus Generation Plant(s) Cost Reconciliation - Note: (a) and (b) must agree.</i>	
12.	<u>Arizona T&D Environmental Protection Facilities (EPF) from PS 1220-01</u>	(c)
13.	EPF Cost (Tab 2, Line 3)	
14.	Add: EPF Non-Capitalized Leased Property Cost (Tab 5)	
15.	Total Cost of Arizona EPF (for FCV allocation)	(d)
	<i>EPF Cost Reconciliation - Note: (c) and (d) must agree.</i>	
16.	<u>Arizona T&D Construction Work in Progress (CWIP) from PS 1220-01</u>	(e)
17.	CWIP Cost (Tab 2, Line 11)	
18.	Add: CWIP Non-Capitalized Leased Property (Tab 5)	
19.	Deduct: CWIP Fee Land (Tab 2, Line 12)	
20.	Deduct: CWIP Land Rights (Tab 2, Line 13)	
21.	Deduct: CWIP Licensed Transportation Equipment (Tab 2, Line 14)	
22.	Add: Other adjustments (comment and provide detail)	
23.	Deduct: Other adjustments (comment and provide detail)	
24.	Total Arizona T&D CWIP Cost (for FCV allocation)	(f)
	<i>CWIP Cost Reconciliation - Note: (e) and (f) must agree.</i>	

Comments:

ARIZONA PROPERTY TAX FORM
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TAX YEAR 2020
Verification

State of _____

County of _____

I, _____, being duly sworn, upon my oath say that I am
the _____ of the _____ and that
(Title) (Company Name)

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 pages 4, 7, and 8 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. 2018.

My commission expires _____, 20 _____

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

Signature

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	Internal Revenue Service Enrolled Agent Number	
Daytime Phone (with area code)			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 type="checkbox"/> Other (e.g., Luxury Tax):		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 Appointee shall have the power to sign a statute of limitations waiver on Taxpayer's behalf.
- 4b 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 Appointee shall have the power to request a formal hearing on Taxpayer's behalf.
- 4d Appointee shall have the power to represent the taxpayer in any administrative tax proceeding.
- 4e Appointee shall have the power to execute a closing agreement on Taxpayer's behalf.
- 4f Appointee shall have the power to represent the taxpayer in any collection matter including an Offer-In-Compromise.
- 4g Appointee shall have the authority to delegate to others any or all authority granted to appointee by this document.
- 4h Other (please specify):

5. **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. **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):

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

The following are considered designated signatories for the Form 285: (1) Corporate President; 2)

If an employee, or anyone to whom all future correspondence is referred to, is completing the Property Tax Form

Finally, a **Form 285P** enables the taxpayer to designate a person or agent ("Appointee") to whom the Arizona

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
