EF-571-M-R06-0806-16000294-1 BOE-571-M (FRONT) REV. 6 (8-06)

## D\_\_\_\_\_ MISCELLANEOUS PROPERTY STATEMENT

## OFFICIAL REQUIREMENT

A report submitted on this form is required of you by section 441(a) of the Revenue and Taxation Code (Code). The statement must be completed according to the instructions and filed with the Assessor on or before April 1, 20 \_\_\_\_. Failure to file it on time will compel the Assessor's Office to estimate the value of your property from other information in its possession and add a penalty of 10 percent as required by Code section 463. This statement is not a public document. The information contained herein will be held secret by the Assessor (Code section 451); it can be disclosed only to the district attorney, grand jury, and other agencies specified in Code section 408. Attached schedules are considered to be part of the statement.



## Office of the Assessor Kings County

1400 W. Lacey Blvd. Hanford, CA. 93230 559-852-2486 fax 559-582-2794

2. LOCATION OF THE PROPERTY:

| Code section 400 Attached schodules are considered to be part of the statement   |  |  |                       |  | ile a separate statement for each location)<br>treet Address   |                  |                        |  |                                    |                      |    |  |        |                       |    |
|--|--|--|-----------------------|--|--|------------------|------------------------|--|------------------------------------|----------------------|----|--|--------|-----------------------|----|
| 1. NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address.) City   |  |  |                       |  |  |                  |                        |  |                                    |                      |    |  |        |                       |    |
| Г  | 00 YOU OWN THE LAND AT THIS LOCATION?  |  |                       |  |  |                  |                        |  |                                    |                      |    |  |        |                       |    |
|  |  |  |                       |  | 」Yes □ No  |                  |                        |  |                                    |                      |    |  |        |                       |    |
| 4. LC<br>E-  |  |  |                       |  | ryes, is the name on your deed ecorded as shown on this statement. Yes No  OCAL PHONE NUMBER ( )  -Mail Address (optional) |                  |                        |  |                                    |                      |    |  |        |                       |    |
|  |  |  |                       |  |  |                  |                        | L  |                                    |                      |    |  | ERANS: | ruotorans' avarantion | .7 |
|  |  |  |                       |  |  |                  |                        | Tangible property owned, o                                 | re you filing a claim fo<br>Yes No | r veterans exemption | 11 |  |        |                       |    |
|  |  |  |                       |  |  |                  |                        | the year being reported. In<br>Do not report property eliq |                                    |                      |    |  |        |                       |    |
|  | ible for this exemption.   |  |                       | w                                      | rith Assessor on or befo   | ore February 15. |                        |  |                                    |                      |    |  |        |                       |    |
| DESC   | CRIPTION OF PROPERTY   | DATE ACQUIRE   | (0)                   |  | REMARKS  |                  | ASSESSOR'S<br>USE ONLY |  |                                    |                      |    |  |        |                       |    |
| 5. SUPPLIES  |  | XXX  | X                     |  |  |                  |                        |  |                                    |                      |    |  |        |                       |    |
| 6. EQUIPMENT   |  | X X X  | X XXXX                |  |  |                  |                        |  |                                    |                      |    |  |        |                       |    |
| a. Total cost of all eq  | X  |  |                       |  |  |                  |                        |  |                                    |                      |    |  |        |                       |    |
|  |  |  |                       |  |  |                  |                        |  |                                    |                      |    |  |        |                       |    |
| b. Equipment acquir  | ed since January 1, last year  | X X X  | X X X X X             |  |  |                  |                        |  |                                    |                      |    |  |        |                       |    |
|  |  |  |                       |  |  |                  |                        |  |                                    |                      |    |  |        |                       |    |
|  |  |  |                       |  |  |                  |                        |  |                                    |                      |    |  |        |                       |    |
| c. Equipment dispos  | X XXXX   |  |                       |  |  |                  |                        |  |                                    |                      |    |  |        |                       |    |
|  |  |  |                       | _                                      |  |                  |                        |  |                                    |                      |    |  |        |                       |    |
| d. Total cost of all eq  | uipment held on <mark>Jan</mark> uary 1, th                                    | is year X X X  | Х                     |  |  |                  |                        |  |                                    |                      |    |  |        |                       |    |
| 7. OTHER (describe)  |  |  |                       |  |  |                  |                        |  |                                    |                      |    |  |        |                       |    |
|  | EHOLD IMPROV <mark>EM</mark> ENTS:   | MONTH &  | YEAR                  |  |  |                  |                        |  |                                    |                      |    |  |        |                       |    |
| (describe additions a  | nd retirements <mark>in d</mark> etail)  |  | . 2                   |  |  |                  |                        |  |                                    |                      |    |  |        |                       |    |
|  |  |  |                       |  |  |                  |                        |  |                                    |                      |    |  |        |                       |    |
|  |  |  |                       |  |  |                  |                        |  |                                    |                      |    |  |        |                       |    |
| INSTRUCTIONS:  |  |  | TOTAL FULL            |  |  |                  |                        |  |                                    |                      |    |  |        |                       |    |
| Line 5. Enter the cost of yo   |  |  |                       | 1 TI C .                               | VALUE  |                  |                        |  |                                    |                      |    |  |        |                       |    |
| Line 6. List individually items acquired or disposed of since January 1 of last year. Additional sheets may be attached. The figure to be entered on line d may be computed by adding the figures for lines a and b and subtracting the figure for line c. |  |  |                       |  | PERSONAL PROPER  | DTV              |                        |  |                                    |                      |    |  |        |                       |    |
| Line 7. Enter the date acqu<br>tached.   | his location. Additional she   | eets may be at-  |                       | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |  |                  |                        |  |                                    |                      |    |  |        |                       |    |
| Line 8. Describe in detail and show the cost of all additions and retirements to your buildings, or to your leasehold improvements to  |  |  |                       |  | FIXTURES (IMPROVEMENTS)  |                  |                        |  |                                    |                      |    |  |        |                       |    |
| the buildings of your landlord during the year being reported. Do not repeat items that were included in line 6.  DECLARATION BY ASSESSEE  |  |  |                       |  |  | DDOCECCING DA    | T4                     |  |                                    |                      |    |  |        |                       |    |
| OWNERCHIR  |  |  | PROCESSING DATA       |  |  |                  |                        |  |                                    |                      |    |  |        |                       |    |
| OWNERSHIP<br>TYPE (4)  |  | following declaration mu<br>f you do not do so, it may |                       |  | OPERATION  | BY               | DATE                   |  |                                    |                      |    |  |        |                       |    |
| Proprietorship   | I declare under penalty  | of perjury under the law                               | vs of the State of Ca | lifornia that I                        | ANALYZED   |                  |                        |  |                                    |                      |    |  |        |                       |    |
| Partnership  | uding accompanying   | g schedules,   | COMPUTED              |  |  |                  |                        |  |                                    |                      |    |  |        |                       |    |
| Corporation   true, correct, and complete and includes all property required to be repor   |  |  |                       | be reported                            | APPRAISED  |                  |                        |  |                                    |                      |    |  |        |                       |    |
| Other  | which is owned, claimed, possessed, controlled, or managed by the person named |  |                       |  | REVIEWED   |                  |                        |  |                                    |                      |    |  |        |                       |    |
| SIGNATURE OF ASSESSEE OR AU  | DATE   |  | POSTED TO:            |  |  |                  |                        |  |                                    |                      |    |  |        |                       |    |
| SIGNATURE OF ASSESSEE OF AC  | 5.112  |  | 10312010.             |  |  |                  |                        |  |                                    |                      |    |  |        |                       |    |
| NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)   |  |  | TITLE                 |  |  |                  |                        |  |                                    |                      |    |  |        |                       |    |
|  | FEDERAL EMPLOYER ID NUMBER   |  |                       |  |  |                  |                        |  |                                    |                      |    |  |        |                       |    |
| NAME OF LEGAL ENTITY (other than DBA) (typed or printed)   |  |  | TAX AREA CODE:        |  |  |                  |                        |  |                                    |                      |    |  |        |                       |    |
| PREPARER'S NAME AND ADDRESS (typed or printed)  TELEPHONE NUMBER   |  |  | TITLE                 | TITLE                                  |  |                  |                        |  |                                    |                      |    |  |        |                       |    |
| I NEI ANEN 3 INAIVIE AINU AUUKE  | 55 (typed of printed)  | ( )  |                       |  |  |                  |                        |  |                                    |                      |    |  |        |                       |    |
|  |  |  |                       |  | 1  |                  |                        |  |                                    |                      |    |  |        |                       |    |

\*Agent: see back for Declaration by Assessee instructions.

THIS STATEMENT SUBJECT TO AUDIT



## **DECLARATION BY ASSESSEE**

The law requires that this property statement, regardless of where it is executed, shall be declared to be true under penalty of perjury under the laws of the State of California. The declaration must be signed by the assessee, a duly appointed fiduciary, or a person authorized to sign on behalf of the assessee. In the case of a corporation, the declaration must be signed by an officer or by an employee or agent who has been designated in writing by the board of directors, by name or by title, to sign the declaration on behalf of the corporation. In the case of a partnership, the declaration must be signed by a partner or an authorized employee or agent. In the case of a Limited Liability Company (LLC), the declaration must be signed by an LLC manager, or by a member where there is no manager, or by an employee or agent designated by the LLC manager or by the members to sign on behalf of the LLC.

When signed by an employee or agent, other than a member of the bar, a certified public accountant, a public accountant, an enrolled agent or a duly appointed fiduciary, the assessee's written authorization of the employee or agent to sign the declaration on behalf of the assessee must be filed with the Assessor. The Assessor may at any time require a person who signs a property statement and who is required to have written authorization to provide proof of authorization.

A property statement that is not signed and executed in accordance with the foregoing instructions is not validly filed. The penalty imposed by section 463 of the Revenue and Taxation Code for failure to file is applicable to unsigned property statements.

