EF-571-M-R06-0806-20000206-1 BOE-571-M (FRONT) REV. 6 (8-06)

_ 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.



Brett Frazier Madera County Assessor

200 West 4th Street Madera, CA 93637-3548 Phone: (559) 675-7710 Fax: (559) 675-7654

2. LOCATION OF THE PROPERTY:

www.maderacounty.com/government/assessor

Code section 400. Attached schodules are considered to be part of the statement					ile a separate stateme reet Address	ent for each location)	
1. NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address.)							
Г	,	·		¬ 3. <u>D</u>	O YOU OWN THE LAN	ND AT THIS LOCATION?	,
					Yes No		
					yes, is the name on your on the		as No
4. LC					corded as shown on this statement. Yes No		
					Mail Address (optional)		
1					RANS:	ai)	
L				A	re you filing a claim f	or veterans' <mark>exem</mark> ption	?
	laimed, posse <mark>sse</mark> d, controll <mark>ed</mark> ventories are exempt from ta				Yes No	6 14 1 (5	"C
Do not report property eligi			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7	yes, a separate "Claim ith Assessor on or bel	for Veterans' Exemption Fore February 15.	on" form must be filed
		DATE A	<u> </u>				ASSESSOR'S
DESC	CRIPTION OF PROPERTY	QUIRE	(0)\$1		REMARKS		USE ONLY
5. SUPPLIES		XXX	X				
6. EQUIPMENT	X X X X						
a. Total cost of all equ	Х						
b. Equipment acquire	x xxxx						
D. Equipment acquire	^						
c. Equipment disposed of since January 1, last year X X X X							
d. Total cost of all equ	uipment held on J <mark>an</mark> uary 1, th	is year X X X	Х				
7. OTHER (describe)							
	EHOLD IMPROV <mark>EM</mark> ENTS: nd retirements in detail)	MONTH &	YEAR				
- (acserbe additions at	id retirements in detail)						
					TOTAL 5.11.1		
INSTRUCTIONS: Line 5. Enter the cost of you	ur supplies.				TOTAL FULL VALUE		
Line 6. List individually iter	ns acquired or disposed of since						
be entered on line d may be computed by adding the figures for lines a and b and subtracting the figure for line c. Line 7. Enter the date acquired, cost, and description of any other personal property at this location. Additional sheets may be at-					PERSONAL PROPE	RTY	
tached. 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					PROCESSING DATA		
OWNERSHIP TYPE (4)		following declaration mu f you do not do so, it may			OPERATION ANALYZED	BY	DATE
Proprietorship	ietorship 🔲 I declare under penalty of perjury under the laws of the State of California that I						
Partnership have examined this property statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it is					COMPUTED		
Corporation					APPRAISED		
Other Uhlch is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 20					REVIEWED		
SIGNATURE OF ASSESSEE OR AU	DATE		POSTED TO:				
<u> </u>							
NAME OF ASSESSEE OR AUTHOR	TITLE						
NAME OF LEGAL ENTITY (other than DBA) (typed or printed)			FEDERAL EMPLOYER ID NUMBER		TAX AREA CODE:		
					BUS. CODE:		
PREPARER'S NAME AND ADDRESS (typed or printed) TELEPHONE NUMBER ()			TITLE				

*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.

