## \_ 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.



## **Shelly Scott** Assessor-Recorder-County Clerk

County of Marin CHANGE IN OWNERSHIP DIVISION P.O. Box C

San Rafael, CA 94913 Phone: (415) 473-7231 Fax: (415) 473-6255 www.marincounty.gov

(File a separate statement for each location)

2. LOCATION OF THE PROPERTY:

Code section 408. Attached	schedules are considered to be part of the	treet Address					
1. NAME AND MAILING AD	ODRESS (Make necessary corrections to the	e printed name	and mailing address.)	_ (	City		
				3. [	OO YOU OWN THE LAN	D AT THIS LOCATION	?
					Yes No		
					f yes, is the name on yo		, n.,
					ecorded as shown on tl		
					OCAL PHONE NUMBER		
					E-Mail Address (optiona	l)	
L					ERANS:		-3
Tangible property owned, c	laimed, possessed, controlled, or managed	by you at this lo	cation at 12:01 a.m., Janu	-	Are you filing a claim fo	r veterans exemption	1.
the year being reported. Inv Do not report property eligi	laimed, possessed, controlled, or managed lyentories are exempt from taxation and should be for this exemption.	ould not be rep	orted for 1980 and futur	re ý <mark>ear</mark> s.	f yes, a separate "Claim	for Vet <mark>era</mark> ns' Exempti	on" form must be filed
	bic for this exemption.			\	with Assessor on or befo	ore February 15.	
DESC	CRIPTION OF PROPERTY	DATE AC			REMARKS		ASSESSOR'S
	THE CALL HEI ENTIRE	QUIRÈD			ILIVI IIII.S		USE ONLY
5. SUPPLIES		XXXX					
6. EQUIPMENT		XXXX					
a. Iotal cost of all equ	uipment held on January 1, last year	XXXX					
h Fortania to		V V V	(				
b. Equipment acquire	ed since January 1, last year	XXXX	XXXX				
c Equipment dispose	ed of since January 1, last year	XXXX	XXXX				
C. Equipment dispose	eu of sifice January 1, last year	^ ^ ^ ^	* * * * * *				
d Total cost of all equ	uipment held on January 1, this year	XXXX					
7. OTHER (describe)							
	HOLD IMPROVEMENTS:	MONETH	540				
(describe additions ar	nd retirements in detail)	MONTH & Y	EAR				
INSTRUCTIONS:					TOTAL FULL		
Line 5. Enter the cost of you	ur supplies.				VALUE		
	ns acquired or disposed of since January 1 o <mark>f la</mark> d may be computed by adding the figures f <mark>or li</mark>						
Line 7. Enter the date acqu	ired, cost, and description of any other pe <mark>rson</mark> .				PERSONAL PROPER	RIY	
tached. Line 8. Describe in detail an	nd show the cost of all additions and retirement	s to your building	gs, or to your leasehold imp	rovements to	FIXTURES (IMPROVEMENTS)		
	r landlord during the year being reported. Do r	not repeat items t	that were included in line 6				
	DECLARA	SESSEE			PROCESSING DA	ATA	
OWNERSHIP TYPE (4)	Note: The following de signed. If you do not	claration mus	t be completed and		OPERATION	BY	DATE
Proprietorship	result in penalties. rs of the State of Cali	fornia that I	ANALYZED				
Partnership	iding accompanying	schedules,	COMPUTED				
Corporation	t of my knowledge an operty required to k		APPRAISED				
Other	or managed by the pe		REVIEWED				
SIGNATURE OF ASSESSEE OR AU	as the assessee in this statement at 1	DATE		POSTED TO:			
PIGNATURE OF ASSESSEE OR AU	THORIZED AGENT		DAIE		POSTED TO:		
NAME OF ASSESSEE OR AUTHOR	RIZED AGENT* (typed or printed)		TITLE				
NAME OF LEGAL ENTITY (other t	han DBA) (typed or printed)		FEDERAL EMPLOYER ID NUM	BER	TAX AREA CODE:		
DDEDADED'S NAME AND ADDRES	(S. (typod or printed)	TITLE		BUS. CODE:			

THIS STATEMENT SUBJECT TO AUDIT



<sup>\*</sup>Agent: see back for Declaration by Assessee instructions.

## **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.

