

## 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.

Carefully read and follow the accompanying instructions. If additional detail is necessary, attach separate page.

1. NAME AND MAILING ADDRESS (Make necessary corrections to printed name and mailing address)



**Barry Beck, Assessor**

PO Box 456

Bridgeport, CA 93517-0456

Telephone: 760-932-5510

Fax: 760-932-5511

Email: [assessor@mono.ca.gov](mailto:assessor@mono.ca.gov)

Website: [www.monocounty.ca.gov/assessor](http://www.monocounty.ca.gov/assessor)

9. ASSESSOR'S PARCEL OR BILLING NO. (if known)

10. ARE ANY OF YOUR CLAIM(S) PATENTED? ☐ Yes ☐ No  
If yes, which one(s)?

11. HAS THE NOTICE OF ASSESSMENT WORK AND INTENT TO HOLD YOUR CLAIM(S) BEEN FILED WITH THE FEDERAL BUREAU OF LAND MANAGEMENT BY LAST DECEMBER 30TH? ☐ Yes ☐ No

12. IF YOUR CLAIM(S) IS LOCATED WITHIN THE BOUNDARIES OF A NATIONAL FOREST, HAVE YOU FILED NOTICE(S) OF INTENTION TO OPERATE YOUR CLAIM(S)? ☐ Yes ☐ No

13. ARE THERE ANY BUILDINGS OR MACHINERY ON ANY OF YOUR CLAIM(S)? ☐ Yes ☐ No

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ASSESSOR'S USE ONLY

3. OUR RECORDS INDICATE THAT YOU ARE THE HOLDER OF THE CLAIM(S) LISTED:

2. TELEPHONE NO. (  )

4. HAVE ANY OF THE ABOVE CLAIM(S) BEEN QUITCLAIMED OR ABANDONED BY YOU?

- ☐ Yes ☐ No If yes, which ones?

5. IF YOU ACQUIRED OR SOLD ANY OF YOUR CLAIM(S) SINCE JANUARY 1 OF LAST YEAR, LIST THOSE PURCHASED OR SOLD AND THE PURCHASE OR SALE PRICE.

Claim Name	(check one)		Date of Purchase or Sale	Purchase or Sale Price
	Purchase	Sale		
				\$

6. HAS YOUR CLAIM(S) BEEN MINED AT ANYTIME IN THE PAST? ☐ Yes ☒ No

If yes, when? ..

7. IF NOT MINED IN THE PAST YEAR, WHY NOT?

8. OPERATING STATEMENT (20 \_\_\_\_ ) (attach separate page if necessary)

[illegible]

THIS REPORT SUBJECT TO AUDIT



The diagram below represents one square mile of land. Draw the outline of your claim(s) and identify it on this diagram by showing the name, section, township and range next to each claim. Indicate whether claim(s) is lode or placer. For example:

(use separate sheets of paper if necessary)



DECLARATION BY ASSESSEE

Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties.

I declare under penalty of perjury under the laws of the State of California that I have examined this production report, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it is true, correct, and complete and includes all production and all property required to be reported which 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\_\_\_\_\_.

OWNERSHIP TYPE (3)	SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*		DATE
	NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)		TITLE
	NAME OF LEGAL ENTITY (other than DBA) (typed or printed)		FEDERAL EMPLOYER ID NUMBER
	PREPARER'S NAME AND ADDRESS (typed or printed)	TELEPHONE NUMBER (     )	TITLE
Proprietorship <input type="checkbox"/>			
Partnership <input type="checkbox"/>			
Corporation <input type="checkbox"/>			
Other _____ <input type="checkbox"/>			

\*Agent: see page S2 for Declaration by Assessee instructions.



## INSTRUCTIONS FOR COMPLETING MINING CLAIM PRODUCTION REPORT

Report on a calendar year basis. If this report is prepared on a date prior to January 1, any change in real property between the date when the report is prepared and January 1 must be reported to the Assessor on a supplemental report.

All personal property, excluding stockpiles, owned by you and any property belonging to others at this location as of January 1 must be reported to the Assessor on a Business Property Statement form.

Use the attached map to clearly describe and locate the property.

Line numbers listed in these instructions refer to identical line numbers printed on the form. At top of form, fill in the year of the lien date for which this production report is made.

**LINE 1. NAME AND MAILING ADDRESS**

**a. NAME OF OPERATOR (PERSON OR CORPORATION)**

If the name is preprinted, check the spelling and correct any error. In the case of an individual, enter the last name first, then the first name and middle initial. Partnerships must enter at least two names, showing the last name, first name and middle initial for each partner. Corporation names should be complete so they will not be confused with fictitious or DBA (Doing Business As) names.

**b. DBA OR FICTITIOUS NAME**

Enter the DBA name under which you are operating in this county below the name of the sole owner, partnership or corporation.

**c. MAILING ADDRESS**

Enter the mailing address of the legal entity shown in line 1b above. This may be either a street address or post office box number. Include the city, state, and zip code.

**LINE 2. TELEPHONE NUMBER**

Enter the telephone number where we may contact you or your authorized representative for information regarding the subject property.

**LINE 3. Describe the mining claim(s) you hold if this has not been done by the Assessor.**

**LINE 4. If any of your claims have been quitclaimed or abandoned, indicate this by checking one of the boxes. Also identify those on the line provided.**

**LINE 5. If any claims were acquired by you through purchase or if you sold any of your claims since January 1 of last year, complete this section in detail.**

**LINE 8. Fill in the year for the last calendar year. List all active claims for the last calendar year, the minerals recovered from each claim, the quantity recovered, and the gross income by mineral.**

**LINE 9. PARCEL NUMBER OR BILLING NUMBER**

Show the parcel number or Assessor's billing number, if known.

Note: Milling equipment, mining equipment, materials, and supplies must be reported on a Business Property Statement form.

**DECLARATION BY ASSESSEE**

The law requires that this production report, 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 production report and who is required to have written authorization to provide proof of authorization.

A production report 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 production reports.

