EF-571-M-R06-0806-26000434-1 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.

١.	NAME AND MAILING ADDRESS	(Make necessary corrections to the printed name and mailing address.



Mono County Office Of The Assessor Barry Beck, Assessor

PO Box 456

2. LOCATION OF THE PROPERTY:

Bridgeport, CA 93517-0456 Telephone: 760-932-5510 Fax: 760-932-5511

Email: assessor@mono.ca.gov

(File a separate statement for each location)

Website: www.monocounty.ca.gov/assessor

ode section 408. Attached	schedules are considered to	be part of the statement.		Street Address		
. NAME AND MAILING AD	DDRESS (Make necessary cor	City				
3. DO YOU OWN THE LAND AT THIS LOCATION?						
				Yes No		
				If yes, is the name on your deed		
				recorded as shown on this statement.	Yes No	
			OCAL PHONE NUMBER()			
				E-Mail Address (optional)		
L			_	VETERANS:		
				Are you filing a claim for veterans' exemp	tion?	
angible property owned, cl ne vear being reported. Inv	aimed, possessed, controlled rentories are exempt from ta	, or manage <mark>d by you at</mark> this lo xation and should not be re	ocation at 12:01 a.m., January 1 of ported for 1980 and future years		"6"	
o not report property eligil			, , , , , , , , , , , , , , , , , , , ,	If yes, a separate "Claim for Veterans' Exemulting With Assessor on or before February 15.	nption" form must be filed	
				with Assessor on or before February 15.		
DESC	RIPTION OF PROPERTY	DATE AC	(05)	REMARKS	ASSESSOR'S	
		QUIRE	,		USE ONLY	
5. SUPPLIES		XXX	X			
6. EQUIPMENT		XXX	X X X X X		_	
a. Total cost of all equ	ipment held on January 1, la	st year X X X	X			
) 		
h Equipment acquire	ed since January 1, last year	XXX	x x x x x			
b. Equipment acquire	a since sandary 1, last year		A A A A			
c. Equipment dispose	ed of since January 1, last year	Y X X	X X X X X			
d. Total cost of all equ	iipment held on J <mark>an</mark> uary 1, th	is year X X X	X			
7. OTHER (describe)						
8. BUILDINGS OR LEASE	HOLD IMPROVEMENTS:	MONTHO	(540)			
(describe additions an	id retirements <mark>in d</mark> etail)	MONTH &	TEAR			
						
NSTRUCTIONS:				TOTAL FULL		
ine 5. Enter the cost of you				VALUE		
	ns acquired or disposed of since I may be computed by adding t					
ine 7. Enter the date acqui			nis location. Additional sheets may b	be at-		
tached. ine 8. Describe in detail an	d show the cost of all additions	FIXTURES				
	r landlord during the year being	(IMPROVEMENTS)				
		PROCESSING	PROCESSING DATA			
OWNERSHIP	Note: The	following declaration mu	st be completed and	OPERATION BY	DATE	
TYPE (4) signed. If you do not do so, it may					DAIL	
roprietorship 🗆	I declare under penalty					
have examined this property statement, including accompanying schedules,						
artnership statements or other attachments, and to the best of my knowledge and belief it is organization true, correct, and complete and includes all property required to be reported						
_ which is owned, claimed, possessed, controlled, or managed by the person named				amed		
)ther	as the assessee in this st	atement at 12:01 a.m. on	January 1, 20	REVIEWED		
IGNATURE OF ASSESSEE OR AU	THORIZED AGENT*		DATE	POSTED TO:		
<u> </u>						
IAME OF ASSESSEE OR AUTHOR	IZED AGENT* (typed or printed)		TITLE			
IAME OF LEGAL ENTITY (other to	han DBA) (typed or printed)		FEDERAL EMPLOYER ID NUMBER	TAX AREA CODE:		
				BUS. CODE:		
REPARER'S NAME AND ADDRES	5 (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.

