#### LESSORS' EXEMPTION CLAIM

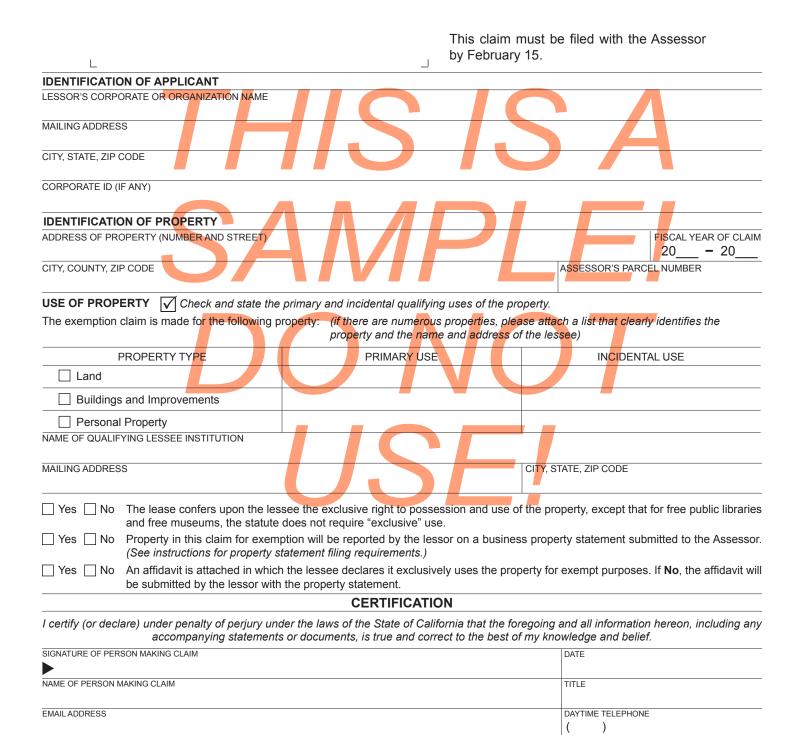
PROPERTY USED FOR FREE PUBLIC LIBRARIES AND FREE MUSEUMS, AND PROPERTY **USED EXCLUSIVELY FOR** PUBLIC SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, UNIVERSITY OF CALIFORNIA, CHURCHES, AND NONPROFIT COLLEGES



CHRISTINA WYNN SACRAMENTO COUNTY ASSESSOR INSTITUTIONAL EXEMPTIONS SECTION 3636 American River Drive, Suite 200 Sacramento, CA 95864-5952 Phone (916) 875-0720 FAX (916) 854-9181 https://assessor.saccounty.gov

NAME AND MAILING ADDRESS

(Make necessary corrections to the printed name and mailing address)



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# INSTRUCTIONS FOR FILING LESSORS' EXEMPTION CLAIM

## **IMPORTANT NOTICE**

A qualifying institution is one whose property is **used for** free public libraries and free museums, and for property **used exclusively for** public schools, community colleges, state colleges, state universities, University of California, churches, and nonprofit colleges.

Failure to submit the lessee's affidavit will result in denial of the exemption for the lessor. Submission of the lessee's affidavit after the date the claim form is due (for taxpayers not required to file a property statement) or after the last day for filing the lessor's property statement without penalty under section 463 of the Revenue and Taxation Code (for taxpayers required to file a property statement) will result in a portion of the exemption being denied. A Lessee's Affidavit is not required for free public library or free museum exemption.

A sample affidavit is included as page 3 of this form.

# IDENTIFICATION OF APPLICANT

Enter your company or organization information.

## **FISCAL YEAR**

The fiscal year for which an exemption is sought must be entered correctly. The proper fiscal year follows the lien date (12:01 a.m., January 1) as of which the taxable or exempt status of the property is determined. For example, a person filing a timely claim in February 2017 would enter "2017-2018" on line five of the claim; a "2016-2017" entry on a claim filed in February 2017 would signify that a late claim was being filed for the preceding fiscal year. The lease must be in effect and the property in use on lien date of the fiscal year for which the exemption is sought. Lessors' Exemptions cannot be prorated based on the commencement date of the lease.

### **USES OF PROPERTY**

Check each of the types of property being claimed, and state the primary and incidental uses of the property.

Enter the name and address of the lessee. If additional space is required, or if more than one lessee is being listed, attach an itemized list.

Confirm, by checking the appropriate box, that the lease confers upon the lessee the **exclusive** right to possession and use of the property, except for free public libraries and free museums.

Check the appropriate box regarding property statement reporting. If you own taxable personal property in any county whose aggregate cost is \$100,000 or more for any assessment year, you must file a property statement with the Assessor of that county whether or not specifically requested to do so. Any person not otherwise required to file a statement shall do so upon request of the Assessor, regardless of aggregate cost.

Check the appropriate box to indicate whether the affidavit is attached or will be submitted with the property statement.

If the property, or a portion thereof, for which exemption is claimed is a student bookstore that generates unrelated business taxable income as defined in section 512 of the Internal Revenue Code, property taxes are determined by establishing a ratio of the unrelated business taxable income to the bookstore's gross income.

# PROPERTY TAX BENEFITS

Property tax benefits claimed herein must be passed on to the lessee in the form of:

- (1) Reduction in rental payments (sections 202.2 and 206.2, Revenue and Taxation Code).
- (2) Refund of rental payments, if paid (sections 202.2 and 206.2, Revenue and Taxation Code).
- (3) Claim by lessee under the provisions of section 5096, Revenue and Taxation Code, for a refund of taxes paid by a lessor (section 202.2, Revenue and Taxation Code).

**Note:** Where the lessee files a claim for an exemption and reports leased property, such property will be allowed the exemption if used in an exempt manner.



#### RET AFF LES

TURN THIS FIDAVIT TO SSOR	AFFIDAVIT FOR EXECUTION BY QUALIFYING INSTITUTIONAL LESSEES
NAME OF QUALIFYI	LESSEE INSTITUTION
MAILING ADDRESS	
CITY, STATE, ZIP CC	
Check the typ	of qualifying exclusive use of the property
D PUBI	SCHOOL STATE UNIVERSITY NONPROFIT COLLEGE
	UNITY COLLEGE UNIVERSITY OF CALIFORNIA
STAT	COLLEGE CHURCH
NAME OF LESSOR	TIIOIOA
MAILING ADDRESS	
CITY, STATE, ZIP CC	
	TE OF LEASE DATE PROPERTY PUT TO EXEMPT USE
	rty is leased as of January 1 of this year. If personal property is being leased, indicate the type, make, model, serial numbers te listing if necessary.
	DONOT
11  1	e property described herein, or a portion thereof, is used by a church for parking purposes. es, is the congregation of the church, religious denomination, or sect greater than 500 members?  Yes No es, the property or portion thereof so used is not eligible for exemption.
5  f  F	e property, or a portion thereof, is a student bookstore that generates unrelated business taxable income as defined in section of the Internal Revenue Code. (es, a copy of the institution's most recent tax return filed with the Internal Revenue Service must accompany this affidav perty taxes are determined by establishing a ratio of the unrelated business taxable income to the bookstore's group pome.
	CERTIFICATION
Lunderstand that	e lessor has filed for a property tay exemption on the above property leased to this institution, and that any benefit from th

I understand that the lessor has filed for a property tax exemption on the above property leased to this institution, and that any benefit from the exemption must go to this institution by way of a reduction in rental payments or a refund in an amount equal to the reduction in taxes. I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true and correct to the best of my knowledge and belief.

SIGNATURE OF PERSON MAKING CLAIM	DATE		
NAME OF PERSON MAKING CLAIM	TITLE		
EMAIL ADDRESS	DAYTIME TELEPHONE ( )		

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