EF-571-M-R06-0806-34000302-1 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.



CHRISTINA WYNN SACRAMENTO COUNTY ASSESSOR

PERSONAL PROPERTY DIVISION 3636 American River Drive, Suite 200 Sacramento, CA 95864-5952 Phone (916) 875-0730 FAX (916) 875-0735 https://assessor.saccounty.gov

2. LOCATION OF THE PROPERTY:

(File a separate statement for each location)

lode section 408. Attached	schedules are considered to	be part of the statement.		Sti	reet Address		
I. NAME AND MAILING A	Cit	ty					
					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		
4. !					OCAL PHONE NUMBER ()		
					Mail Address (optional)		
					RANS: e you filing a claim for veterans	avamption?	
angible property owned, c he year being reported. In no not report property eligi	laimed, possessed, controlled ventories are exempt from ta ble for this exemption.	or managed by you at this location and should not be re	ocation at 12:01 a.m., Janu ported for 1980 and futur	uary 1 of re years.	Yes No No yes, a separate "Claim for Veteral th Assessor on or before Februa	ns' E <mark>xe</mark> mption" f	orm must be filed
DESC	ERIPTION OF PROPERTY	DATE AC QUIRED	(0)		RÉMARKS		ASSESSOR'S USE ONLY
5. SUPPLIES X X			X				
6. EQUIPMENT X X X			X				
a. Total cost of all equipment held on January 1, last year X X X X			Х				
b. Equipment acquired since January 1, last year X X X X			X XXXX				
c Equipment dispos	ad of since January 1 Jast year	r XXX	x xxxx			_	
c. Equipment disposed of since January 1, last year X X X X			^				
d. Tables of all and	· · · · · · · · · · · · · · · · · · ·	V V V	V				
d. Total cost of all equ	is year X X X	X					
7. OTHER (describe)							
8. BUILDINGS OR LEASE (describe additions ar	MONTH &	YEAR					
NSTRUCTIONS:					TOTALFULL		
ine 5. Enter the cost of you				VALUE			
be entered on line of	e January 1 o <mark>f la</mark> st year. Add <mark>itio</mark> he figures f <mark>or li</mark> nes a and b <mark>and</mark> ly other pe <mark>rso</mark> nal property at th	subtracting the figure for li	ne c.	PERSONAL PROPERTY			
tached.				FIXTURES			
ine 8. Describe in detail and show the cost of all additions and retirements to your buildings, or to your leasehold improvements to the buildings of your landlord during the year being reported. Do not repeat items that were included in line 6.					(IMPROVEMENTS)		
DECLARATION BY ASSESSEE					DDOCES	SING DATA	
OWNERSHIP Note: The following declaration must be completed and							0.475
TYPE (4)		following declaration mu f you do not do so, it may				BY	DATE
, ,	I declare under penalty of perjury under the laws of the State of California that I				ANALYZED		
Partnership	have examined this property statement, including accompanying schedules,				COMPUTED		
Corporation	statements or other attachments, and to the best of my knowledge and belief it is true, correct, and complete and includes all property required to be reported				APPRAISED		
· _	which is owned, claimed, possessed, controlled, or managed by the person named						
Other	atement at 12:01 a.m. on	January 1, 20		REVIEWED			
SIGNATURE OF ASSESSEE OR AU		DATE		POSTED TO:			
NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)			TITLE				
NAME OF LEGAL ENTITY (other than DBA) (typed or printed)			FEDERAL EMPLOYER ID NUM	IBER	TAX AREA CODE:		
PREPARER'S NAME AND ADDRESS (typed or printed) TELEPHONE NUMBER ()			TITLE		BUS. CODE:		

THIS STATEMENT SUBJECT TO AUDIT



^{*}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.

