## \_ 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.

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**Josie Gonzales** 

## Assessor-Recorder-County Clerk County of San Bernardino

Assessor's Office 222 W. Hospitality Lane - 4th Floor San Bernardino, CA 92415-0311 www.sbcounty.gov/arc

Phone: (909) 387-8307 Toll Free: (877) 885-7654

(File a separate statement for each location)

2. LOCATION OF THE PROPERTY:

Code section 408. Attached	i schedules are considered to	be part of the statement.		St	reet Address		
1. NAME AND MAILING AD	Ci	ty					
Г				3. <u>D</u>	YOU OWN THE LAN	O AT THIS LOCATION	?
					Yes No		
					yes, is the name on yo		
				re	corded as shown on tl	nis statement. 🔲 Y	es 🔲 No
		4. LC	OCAL PHONE NUMBER()				
				E-	Mail Address (optiona	)	
					RANS:	,	
L					e you filing a claim fo	r veterans' exemption	?
Tangible property owned, c	laimed, posse <mark>sse</mark> d, controlled	d, or manage <mark>d b</mark> y you <mark>at</mark> this lo	ocation at 12:01 a.m., January	1 of	Yes No		
the year being reported. In Do not report property eligi	ventories are exempt from to	xation and should not be rep	ported for 1980 and future ye	ears. If	yes, a separate "Claim :	for Vet <mark>era</mark> ns' E <mark>xem</mark> ption	on" form must be filed
	bie for this exemption.			wi	th Assessor on or befo	re February 15.	
DECC	CDIDTION OF PROPERTY	DATE AC	COST		REMARKS		ASSESSOR'S
DESCRIPTION OF PROPERTY QUIRED			COST		KEIVIARKS		USE ONLY
5. SUPPLIES		XXX	X				
6. EQUIPMENT		XXX	X X X X X				
a. Total cost of all equ	uipment h <mark>eld</mark> on January 1, la	st year X X X	X				
b. Equipment acquire	ed since January 1, last year	X X X	X X X X X				
c. Fauinment dispose	ed of since January 1, last yea	ır XXX	x xxxx				
d. Total cost of all equ	uipment held on January 1, th	nis year X X X	y				
7. OTHER (describe)	aipment neid on Juliuary 1, ti	ns year	^				
	THOLD IMPROVEMENTS						
	EHOLD IMPROV <mark>EM</mark> ENTS: nd retirements in detail)	MONTH & N	/EAR				
INSTRUCTIONS:			TOTAL FULL				
Line 5. Enter the cost of you			VALUE				
			nal sheets may be attached. The subtracting the figure for line c.		PERSONAL PROPER	otv	
Line 7. Enter the date acqu			nis location. Additional sheets m			AT T	
tached. Line 8. Describe in detail ar	nd show the cost of all additions	and retirements to your buildin	gs, or to your leasehold improve	ments to	FIXTURES		
		g reported. Do not repeat items			(IMPROVEMENTS)		
	SSESSEE		PROCESSING DATA				
OWNERSHIP	Note: The	following declaration mus	st be completed and		OPERATION	BY	DATE
TYPE (4)		If you do not do so, it may			ANALYZED		
Proprietorship			vs of the State of Californ				
Partnership	rtnership have examined this property statement, including accompanying schedu statements or other attachments, and to the best of my knowledge and belief				COMPUTED		
Corporation			roperty required to be r	eported	APPRAISED		
Other		ed, possessed, controlled, tatement at 12:01 a.m. on .	or managed by the person January 1, 20	n named	REVIEWED		
			DATE		POSTED TO:		
SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*			DAIL		10312010.		
NAME OF ASSESSEE OR AUTHOR	RIZED AGENT* (typed or printed)		TITLE				
NAME OF LEGAL ENTITY (other than DBA) (typed or printed)			FEDERAL EMPLOYER ID NUMBER		TAX AREA CODE:		
					BUS. CODE:		
PREPARER'S NAME AND ADDRESS (typed or printed)  TELEPHONE NUMBER			TITLE		303. 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.

