EF-571-R-R27-0524-41000084-1 BOE-571-R (P1) REV. 27 (05-24)

## **APARTMENT HOUSE PROPERTY STATEMENT FOR 2025**

(Declaration of costs and other related property information as of 12:01 A.M., January 1, 2025)



**MARK CHURCH** 

Phone: (650) 363-4500

web: www.smcacre.gov

Fax: (650) 363-1903

555 County Center, First Floor

Redwood City, CA 94063-1665

email: assessor@smcacre.gov

Assessor - County Clerk - Recorder

RETURN THIS ORIGINAL FORM. COPIES WILL NOT BE ACCEPTED.

# FILE RETURN BY APRIL 1 2025

ILE RETURN BY APRIL 1, 202				-::: \				
NAME AND MAILING ADDRE	SS (Make necessary	corrections to the p	nntea name ana ma	alling address.)				
							THE PROPERTY (statement for each	* *
					2. E	nter the tota	al number of units fo	or the location listed.
L							Do you live	in one of the units?
							□ Yes □	No
Local Telephone Number Email Address		Fax Number					the unit number	
Enter location of general ledger and	all related accounting	records (include z	in code):			Ouring the pe 024:	eriod of January 1, 2	2024 through December 31,
STREET		CITY		TATE ZIP			ndividual or legal e	entity (corporation, partnershi
511.E1						limited lia	bility company, etc.	) acquire a "controlling
Enter name and telephone number of	of authorized person t	o contact at locatio	n of accounting rec	ords:		interest" ( entity?	(see in <mark>str</mark> uctions for	definition) in this business
•	·		5			☐ Yes I	□ No	
CAREFULLY READ AND FOLLOW	THE ACCOMPANY	ING INSTRUCTION	ue .					ty also own "real property" (se California at the time of th
If you no longer own this property.				ng address of the ne	ew	acquisitio	n?	Camornia at the time of the
owner:	out, as or sandary 1	or the year, energy		ig dudiese of the in		☐ Yes		
Name					(:			and (2), filer must submit form
Mailing Address			V			/		te Board of Equalization. Se
City and State			Zip Code			instructio	ns for filing requirer	ments.
Do any other individuals, partr			<u> </u>	ty (other than hous	ehold fu	niture and p	ersonal effects of y	our tenants) located on your
premises?  Yes  No		PODERTY	N.	TURE OF THE BU	OWIECO	OD DDOD!	EDTY	
NAME AND ADDRESS OF	OWNER OF SUCH P	ROPERTY	NA	TORE OF THE BU	SINESS	OK PROPI	ERIT	ASSESSOR'S
								USE ONLY
Do you hold furniture or equip	ment belonging to of	hers on a loan, rent	tal or lease basis?					
	list below.		, 5. 10000 20010 1					
NAME AND ADDRESS OF	OWNER OF SUCH P	ROPERTY		QUANTITY AN	ND DES	CRIPTION		
<ol><li>ENTER BELOW the number Schedule A. <b>Do not</b> include, e</li></ol>	of fully furnished, par	tly furnished (e.g.,	stoves and refrigera	ators, not built-in), a	and unfu	r <mark>nis</mark> hed unit	s. Also complete	
Schedule A. Do Hot include, e							<u> </u>	
	SLP. ROOM	STUDIO	1 BEDRM.	2 BEDRM.	3 6	BEDRM.	LARGER	
FULLY FURNISHED								
PARTLY FURNISHED								
UNFURNISHED								
TOTALS								
7. Supplies					Cost			
8. Furniture and appliances				Enter From Sch	nedule A			
Other furniture and equipment	t			Enter From Sch	edule B			
10.								
							ILL VALUE	
							AL PROPERTY	
						FIXTURES	5	
						OTHER IN	MPROVEMENTS	
						LAND		

**SCHEDULES OF DEPRECIABLE PROPERTY — SCHEDULES A and B.** Items may be listed separately within the year of acquisition on a separate schedule, or items may be grouped by year of acquisition and listed on the schedules below. If you purchased the property as a unit, report on Schedules A & B the previous owner's original cost by the original year of acquisition of the furniture and equipment that was included in your purchase.

Enter the total installed cost including freight, excise taxes, and sales and use taxes of all furniture, and other equipment located on the premises. **Include fully depreciated items**. Do not include licensed vehicles. Depreciation schedules may be attached if they provide the desired information.

SCHEDULE A FURNITURE AND APPLIANCES (include items in storage; do not include built-ins)			SCHEDULE B OTHER FURNITURE AND EQUIPMENT (office, lobby, lau pool, vending, signs, fire extinguishers)					
Year of Acquisition	Original Installed Cost	FOR ASSESSOR'S USE ONLY		Year of	Original Installed Cost	FOR ASSESSOR'S USE ONLY		
	(NOT depreciated book value)	Factor	Value	Acquisition	(NOT depreciated book value)	Factor	Value	
2024				2024				
2023				2023				
2022				2022				
2021				2021				
2020				2020				
2019				2019				
2018				2018				
2017				2017				
2016				2016				
2015				2015				
2014 & prior				2014 & prior				
OTAL COST Enter on line 8,				TOTAL COS Enter on line				
REMARKS:				Λ				

#### **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 property statement, 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 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, 2025.

OWNERSHIP TYPE (☑)		SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*	DATE	
		NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)	TITLE	
Proprietorship				
Partnership		NAME OF LEGAL ENTITY (other than DBA) (typed or printed)		FEDERAL EMPLOYER ID NUMBER
Corporation				
Other	_ 🗆	PREPARER'S NAME AND ADDRESS (typed or printed)	TELEPHONE NUMBER ( )	TITLE

\*Agent: See page 3 for Declaration by Assessee instructions.



#### **INSTRUCTIONS**

California law prescribes a yearly ad valorem tax based on property as it exists at 12:01 a.m. on January 1 (tax lien date). This form constitutes an official request that you declare all assessable business property situated in this county which you owned, claimed, possessed, controlled, or managed on the tax lien date, and that you sign (under penalty of perjury) and return the statement to the Assessor's Office by the date cited on the face of the form as required by law. Failure to file the statement during the time provided in section 441 of the Revenue and Taxation Code will compel the Assessor to estimate the value of your property from other information in the Assessor's possession and add a penalty of 10 percent of the assessed value as required by section 463 of the Code.

#### **LINE 3. PROPERTY TRANSFER**

**Real Property** – For purposes of reporting a change in control, real property includes land, structures, or fixtures owned or held under lease from (1) a private owner if the remaining term of the lease exceeds 35 years, including written renewal options, (2) a public owner (any arm or agency of local, state, or federal government) for any term or (3) mineral rights owned or held on lease for any term, whether in production or not.

**Controlling Interest –** When any person or legal entity obtains more than 50 percent of the voting stock of a corporation, or more than a 50 percent ownership interest in any other type of legal entity. The interest obtained includes what is acquired directly or indirectly by a parent or affiliated entity.

Forms, Filing Requirements & Penalty Information – Contact the Legal Entity Ownership Program Section at 916-274-3410 or refer to the Board's website at <a href="https://www.boe.ca.gov">www.boe.ca.gov</a> to obtain form BOE-100-B, applicable filing requirements, and penalty information.

- LINE 4. Check the appropriate box. If yes is checked, enter the name and address of the owner of the furniture or equipment. Briefly describe the nature of the business or property. **Do not** report household furnishings owned by tenants and used in their living quarters, or other personal property owned or controlled by tenants.
- LINE 5. Check the appropriate box. If **yes** is checked, enter the name and address of the owner or lessor and the quantity and description of the furniture or equipment. The lessor of the items will be asked to declare them.
- LINE 6. Enter the number of fully furnished, partly furnished, and unfurnished units in the appropriate column or columns. If the owner of the building (other than a corporation) occupies a unit as his living quarters, do not include it. Please indicate in the REMARKS area the items contained in a typical PARTLY FURNISHED apartment of each size. A sleeping room is a room with no kitchen facilities; a studio contains a kitchen and a convertible living room; a 1 bedrm. contains a bedroom, living room, kitchen, etc. Attach additional sheets if necessary.
- LINE 7. Enter the cost of supplies that are on hand at 12:01 a.m. on January 1 of this year. Include janitorial and pool supplies, whether carried in your asset accounts or expensed.
- LINES 8 and 9. Enter the total cost from Schedules A and B.
- SCHEDULE A. Complete the schedule as instructed. If a portion of the furniture used in your rental units has been placed in storage, include the cost in the schedule and enter in the remarks the address where stored. **Do not** include built-in appliances, installed carpeting, or drapes as furniture; such items are considered part of the building. **Include** ranges, refrigerators, dishwashers, etc., if not built-in.
- SCHEDULE B. Complete the schedule as instructed. Include all equipment not reported in Schedule A. If you care to attach a schedule listing types of equipment separately, you may do so.

### **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.

THIS STATEMENT IS NOT A PUBLIC DOCUMENT. THE INFORMATION DECLARED WILL BE HELD SECRET BY THE ASSESSOR.



EF-571-R-R27-0524-41000084