EF-571-M-R06-0806-43000209-1 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.

Lawrence E. Stone Santa Clara County Assessor

**Exemption Division** 70 W. Hedding St, East Wing, 5th Floor San Jose, CA 95110 Ph: (408) 299-6460 FAX: (408) 271-8812 exemptions@asr.sccgov.org

www.sccassessor.org

2. LOCATION OF THE PROPERTY:

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.				(File a separate statement for each location) Street Address				
1. NAME AND MAILING AD	and mailing address.)	Ci	ty					
Γ			O YOU OWN THE LAND AT THIS LOCATION?					
					Yes No			
					yes, is the name on yo		es No	
				recorded as shown on this statement. Yes No 4. LOCAL PHONE NUMBER()				
					E-Mail Address (optional)			
					Maii Address (optiona RANS:			
L					e you filing a claim fo	r veterans' exemption	?	
Tangible property owned, cl	laimed, posse <mark>sse</mark> d, controll <mark>ed</mark> ventories are exempt from ta	or managed by you at this lo	ocation at 12:01 a.m., Jan	-	Yes No			
Do not report property eligi	ble for this exemption.	xation and should not be rep	Softed for 1980 and futu		yes, a separate "Claim ith Assessor on or befo		on" form must be filed	
		DATE			itii Assessoi oii oi belo	ofe rebruary 13.	ACCECCODIC	
DESC	CRIPTION OF PROPERTY	DATE AC QUIRE			REMARKS		ASSESSOR'S USE ONLY	
5. SUPPLIES X X X X			X					
6. EQUIPMENT X X X X			x					
a. Total cost of all equ	X							
b. Equipment acquire	X X X X							
						_		
c. Equipment dispose	ed of since January 1, last year	x x x	x x x x					
d. Total cost of all one	uipment held on January 1, th	is year X X X	V					
7. OTHER (describe)	dipment neid on January 1, th	is year A A A	^					
	HOLD IMPROVEMENTS:							
	nd retirements in detail)	MONTH & Y	/EAR					
INSTRUCTIONS:					TOTAL FULL			
Line 5. Enter the cost of your supplies.					VALUE			
	ns acquired or disposed of since I may be computed by adding t				PERSONAL PROPER	DTV		
	nis location. Additional she			VI T				
Line 8. Describe in detail and show the cost of all additions and retirements to your buildings, or to your leasehold improveme					FIXTURES (IMPROVEMENTS)			
the buildings of your landlord during the year being reported. Do not repeat items that were included in line 6.						DDOCESSING DA	ΤΛ	
OWNERSHIP Note: The following declaration must be com						PROCESSING DA		
TYPE (4)		result in penalties.		OPERATION	BY	DATE		
Proprietorship $\Box$	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, statements or other attachments, and to the best of my knowledge and belief it is				COMPUTED			
orporation true, correct, and complete and includes all property required to be reported which is owned, claimed, possessed, controlled, or managed by the person named					APPRAISED			
Other as the assessee in this statement at 12:01 a.m. on January 1, 20					REVIEWED			
SIGNATURE OF ASSESSEE OR AU	DATE		POSTED TO:					
<b>&gt;</b>								
NAME OF ASSESSEE OR AUTHORIZED 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		505. CODL.			

COUNT

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.

