## EF-571-M-R06-0806-50000191-1 BOE-571-M (FRONT) REV. 6 (8-06)

\_\_\_ MISCELLANEOUS PROPERTY STATEMENT

20

OFFICIAL REQUIREMENT



## Don H. Gaekle **Stanislaus County Assessor** 1010 Tenth Street, Suite 2400 Modesto, CA 95354-0863 Phone: (209) 525-6461 • Fax: (209) 525-6586 www.stancounty.com/assessor

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 comple 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.				2. LOCATION OF THE PROPERTY: (File a separate statement for each location) Street Address													
1. NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address.)				Cit	City												
Г				□ 3. <u>D</u>	3. DO YOU OWN THE LAND AT THIS LOCATION?												
					<ul> <li>Yes</li> <li>No</li> <li>If yes, is the name on your deed</li> <li>recorded as shown on this statement.</li> <li>Yes</li> <li>No</li> <li>4. LOCAL PHONE NUMBER</li> </ul>												
														E-Mail Address (optional)			
														VETERANS: Are you filing a claim for veterans' exemption?			
									Tangible property owned, cl the year being reported. In Do not report property eligi	laimed, possessed, controlled, or i ventories are exempt from taxatio ble for this exemption.	managed by you at this loon and should not be re	ocation at 12:01 a.m., Jar ported for 1980 and fut	nuary 1 of ure years.	Yes No	for Veterans' Exemption		
DESC	RIPTION OF PROPERTY	DATE AC QUIRE			REMARKS		ASSESSOR'S USE ONLY										
5. SUPPLIES X X X X			х														
6. EQUIPMENT X X X X			х хххх														
a. Total cost of all equipment h <mark>eld</mark> on January 1, last year X X X X X																	
b. Equipment acquire	x x x x x																
c. Equipment dispose	ed of since January 1, last year	X X X	x x x x x														
d. Total cost of all on	vinment held on January 1 this ve		Y														
d. Total cost of all equipment held on January 1, this year     X X X X       7. OTHER (describe)     X X X																	
	nd retirements in detail)	MONTH &	YEAR														
INSTRUCTIONS: Line 5. Enter the cost of your supplies.					TOTAL FULL VALUE												
Line 6. List individually iten	nal sheets may be attache																
Line 7. Enter the date acqu	subtracting the figure for nis location. Additional she		PERSONAL PROPE	RTY													
tached. Line 8. Describe in detail and show the cost of all additions and retirements to your buildings, or to your leasehold im				provements to	FIXTURES												
the buildings of your landlord during the year being reported. Do not repeat items that were in					(IMPROVEMENTS)												
DECLARATION BY ASSESSEE						PROCESSING DAT	A										
		wing declaration mu			OPERATION	BY	DATE										
TYPE (4)	signed. If you do not do so, it may result in penalties.			lifornia that l	ANALYZED												
Proprietorship	I declare under penalty of perjury under the laws of the State of Cali have examined this property statement, including accompanying			g schedules,	COMPUTED												
Partnership Corporation	statements or other attachments, and to the best of my knowledge and true, correct, and complete and includes all property required to b			nd belief it is	APPRAISED												
	which is owned, claimed, possessed, controlled, or managed by the			erson named	REVIEWED												
Other as the assessee in this statement at 12:01 a.m. on J																	
SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*			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 NUMBER		TAX AREA CODE:												
					BUS. CODE:												
PREPARER'S NAME AND ADDRES	TITLE																
*Agent: see back for Declara	tion by Assessee instructions.	THIS ST	TEMENT SUBJECT TO	AUDIT	,												



## 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.

