EF-571-R-R26-0523-09000074-1

BOE-571-R (P1) REV. 26 (05-23)

## **APARTMENT HOUSE PROPERTY STATEMENT FOR 2024**

(Declaration of costs and other related property information as of 12:01 A.M., January 1, 2024) RETURN THIS ORIGINAL FORM. COPIES WILL NOT BE ACCEPTED.

**FILE RETURN BY APRIL 1, 2024** NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address.)

# **EL DORADO COUNTY** JON DEVILLE, ASSESSOR

360 FAIR LN. PLACERVILLE, CA 95667 TEL. 530-621-5719

							THE PROPERTY (i	
L				٦	2. E	Enter the tota		or the location listed. in one of the units? No
ocal Telephone Number		Fax Number	r		- 4	f voe enter t	the unit number	
mail Address					- 3. E	During the pe	eriod of January 1, 2	2023 through December 31,
nter location of general ledger and a	II related accounting	records (includ <mark>e z</mark>	ip code):	•	2	2023:		
TREET		CITY		TATE ZIP	- (	limited lia	bility company, etc.	entity (corporation, partnership, .) acquire a "controlling r definition) in this business
nter name and telephone number of	authorized person t	o con <mark>tac</mark> t at l <mark>oca</mark> tio	n of accounting rec	ords:		entity?		
					- (	Yes   (2) If YES di		ity also own "real property" (see
CAREFULLY READ AND FOLLOW	THE ACCOMPANY	ING INSTRUCTION	NS.					California at the time of the
If you no longer own this proper owner:	erty as of January 1	of this year, show t	he name and mailin	ng address of the ne		acquisitio □ Yes	□ No	
Name					(			and (2), filer must submit form
Mailing Address			VI			of Leg <mark>al</mark>	, ·	ate Board of Equalization. See
City and State			Zip Code				3 - 4	
4. Do any other individuals, partne premises? ☐ Yes ☐ No It	erships or corporation f yes, list below.	ns do business or o	own personal proper	ty (other than house	ehold fu	rniture and p	ersonal effects of ye	our tenants) located on your
NAME AND ADDRESS OF O	WN <mark>ER</mark> OF SUCH P	ROPERTY	NA	TURE OF THE BU	SINESS	OR PR <mark>OP</mark> I	ERTY	
								ASSESSOR'S USE ONLY
								- USE ONLY
5. Do you hold furniture or equipm								
Yes No If <b>yes</b> , lis		hers on a loan, rent	tal, or lease basis?					
	st below.		tal, or lease basis?	QUANTITY AN	ID DES	CRIPTION		
☐ Yes ☐ No If <b>yes</b> , lis	st below.		tal, or lease basis?	QUANTITY AN	ID DES	CRIPTION		
☐ Yes ☐ No If <b>yes</b> , lis	st below.  WNER OF SUCH P	ROPERTY tly furnished (e.g.,	stoves and refrigera				s. Also complete	
NAME AND ADDRESS OF O	wner of such p  fully furnished, par ther here or in Sche	ROPERTY tly furnished (e.g., dule A, any unit in	stoves and refrigera	ators, not built-in), a	and unfu	ur <mark>ni</mark> shed unit		
NAME AND ADDRESS OF O  6. ENTER BELOW the number of Schedule A. Do not include, eit	st below.  WNER OF SUCH P	ROPERTY tly furnished (e.g.,	stoves and refrigera		and unfu		s. Also complete	
NAME AND ADDRESS OF O  6. ENTER BELOW the number of Schedule A. Do not include, eit	wner of such p  fully furnished, par ther here or in Sche	ROPERTY tly furnished (e.g., dule A, any unit in	stoves and refrigera	ators, not built-in), a	and unfu	ur <mark>ni</mark> shed unit		
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NAME AND ADDRESS OF O  6. ENTER BELOW the number of Schedule A. Do not include, eit  FULLY FURNISHED  PARTLY FURNISHED  UNFURNISHED  TOTALS  7. Supplies	wner of such p  f fully furnished, par ther here or in Sche	ROPERTY tly furnished (e.g., dule A, any unit in	stoves and refrigera	ators, not built-in), a	Cost	urnished unit		
NAME AND ADDRESS OF O  6. ENTER BELOW the number of Schedule A. Do not include, eit  FULLY FURNISHED  PARTLY FURNISHED  UNFURNISHED  TOTALS  7. Supplies  8. Furniture and appliances	wner of such p  f fully furnished, par ther here or in Sche	ROPERTY tly furnished (e.g., dule A, any unit in	stoves and refrigera	ators, not built-in), a 2 BEDRM.  Enter From Sch	Cost	urnished unit		
NAME AND ADDRESS OF O  6. ENTER BELOW the number of Schedule A. Do not include, eit  FULLY FURNISHED  PARTLY FURNISHED  UNFURNISHED  TOTALS  7. Supplies  8. Furniture and appliances  9. Other furniture and equipment	wner of such p  f fully furnished, par ther here or in Sche	ROPERTY tly furnished (e.g., dule A, any unit in	stoves and refrigera	ators, not built-in), a 2 BEDRM.  Enter From Sch	Cost	urnished unit		
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BOE-571-R (P2) REV. 26 (05-23)

**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.

Voor of		do not include built-ins)				extinguishers)		
Year of Acquisition	Original Installed Cost	FOR ASSESSOR'S USE ONLY		Year of Acquisition	Original Installed Cost	FOR ASSESSOR'S USE ONL'		
·	(NOT depreciated book value)	Factor	Factor Value (NOT depreciated book v	(NOT depreciated book value)	Factor	Value		
2023				2023				
2022				2022				
2021				2021				
2020				2020				
2019				2019				
2018				2018				
2017				2017				
2016				2016				
2015				2015				
2014				2014				
2013 & prior				2013 & prior				
OTAL COST				TOTAL COS				
nter on line 8	, page 1.			Enter on line	9, page 1.			
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, 2024.

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**

The Revenue and Taxation Code of the State of California requires that every person, upon request of the Assessor, shall file a written property statement under penalty of perjury with the Assessor within such time as the Assessor may appoint. Please complete this form according to the numbered instructions provided below as your statement of furnishings and related equipment owned, possessed or controlled by you as of 12:01 a.m., January 1, this year at the location listed. Property which you are purchasing under a conditional sales contract must be included. **Return the completed statement form to the Assessor on or before the date stated in the official requirement section.** In all instances, you must return the original BOE-571-R.

#### 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.

