|   |  |   | SENITO COL                                  | Tom J. Slavich   |
|---|--|---|---|--|
| -268-A-R09-052  |  |   | SAMA AND FE                                 | San Benito County Assessor   |
| BOE-268-A (P1) RE   |  |   |   | 440 Fifth St. Rm. 108<br>Hollister, CA 95023-3893  |
|   |  |   | and all all                                 | Tel: 831-636-4030  |
| SCHOOL, CO  |  | <b>LY BY</b> A PUBLIC<br>SE, STATE COLLEGE, STA<br>F CALIFORNIA   | TE  | Fax: 831-636-4033<br>www.cosb.us/government/assessor   |
| FISCAL YEAR   | OF CLAIM 20  | 20 (see instructi   | ons)  |  |
|   | ND MAILING ADDRESS   | nted name and mailing address)                                    |   |  |
| Line we   |  |   | Г   | A claimant must complete and file this form with the Assessor by February 15.  |
| L   |  |   | _   |  |
| If you no longer  | seek an exemption a  | t this location, check here                                       | ] Sign and return this                      | form to the Assessor. Date vacated:  |
|   |  |   |   |  |
|   | L DISTRICT, ORGANIZA   | TION, ETC.  |   |  |
|   |  |   |   |  |
| MAILING ADDRES  | is 📕   |   |   |  |
| CITY, STATE, ZIP  | CODE   |   |   |  |
|   |  |   |   |  |
| CORPORATE ID (I   | FANY)  |   |   |  |
|   | ON OF PROPERTY   |   |   |  |
| NAME OF SCHOO   |  |   |   |  |
|   | OPERTY (NUMBER AND   |   |   |  |
| ADDRESS OF FRO  |  | SIREET  |   |  |
| CITY, COUNTY, ZI  | P CODE   |   |   | ASSESSOR'S PARCEL NUMBER   |
| USE OF PROP   | ERTY   |   |   |  |
|   |  | usive use of the property   |   |  |
|   |  | _   | NIVERSITY                                   | STATE COLLEGE  |
| _   | INITY COLLEGE  |   | ITY OF CALIFORNIA                           |  |
|   |  |   |   |  |
|   | ON OF REAL PROPE   |   |   |  |
| NAME OF OWNER   | < compared with the second sec |   |   |  |
| MAILING ADDRES  | S  |   |   |  |
|   |  |   |   |  |
| CITY, STATE, ZIP (  | JODE   |   |   |  |
|   | A copy of the lease  | agreement is attached.  | ATE LEASE SIGNED                            | COMMENCEMENT DATE OF LEASE   |
|   | A copy of the lease a  | agreement is attached.  |   |  |
| 🗌 Yes 🗌 No  | The lease confers u  | pon the lessee the exclusive                                      | right to possess and                        | use the property.  |
| Yes No  | The property, or a po<br>512 of the Internal F   |   | okstore that generate                       | s unrelated business taxable income as defined in sectior  |
|   |  |   |   | Internal Revenue Service must accompany this affidavit ated business taxable income to the bookstore's gross               |
| Important: Faile<br>colleges, state of<br>exemption being | colleges, state univers  | avit will result in denial of the sities or the University of Cal | exemption. This claim ifornia. Submission o | only applies when lessees are public schools, community<br>f this claim after the due date will result in a portion of the |
|   |  | THIS DOCUMENT IS SU   | JBJECT TO PUBI                              | LIC INSPECTION   |



BOE-268-A (P2) REV. 09 (05-22)

| LEASED PROPERTY AS OF JANUARY 1  | NAME AND ADDRESS OF PROPERTY OWNER<br>(if different than the owner identified on page 1)   |  |
|--|--|--|
| Land (Legal description or map book, page and parcel number)   |  |  |
| Buildings and Improvements   |  |  |
| Personal Property (Describe by type, make, model and serial number. If<br>there are numerous properties, please attach a list that clearly identifies<br>the property and the name and address of the lessor.) | ICATION  |  |
|  | e of California that the foregoing and all information hereon, including any and correct to the best of my knowledge and belief. |  |
| SIGNATURE OF PERSON MAKING OLAIM   | DATE   |  |
| NAME OF PERSON MAKING CLAIM  | TITLE  |  |
| EMAIL ADDRESS  | DAYTIME TELEPHONE ( )  |  |
|  | NS FOR FILING  |  |

This affidavit is required under section 3(d) of Article XIII of the Constitution of the State of California and the provisions of sections 202, 202.2, 202.5, 202.6, 251, 254, 255, 259.10, 260, and 270 of the Revenue and Taxation Code.

## **IMPORTANT NOTICE**

A qualifying institution is one whose property is used exclusively for public schools, community colleges, state colleges, state universities, and University of California. It may include off-campus facilities owned or leased by an apprenticeship program sponsor, if such facilities are used exclusively by the public school for classes of related and supplemental instruction for apprentices or trainees conducted by the public school.

It is not necessary for the lessor to also file the Lessors' Exemption Claim for the property listed. The benefit of a property tax exemption must inure to the lessee institution; the lessee may be entitled to claim a refund of taxes paid by the lessor. (See section 202.2 of the Revenue and Taxation Code.)

Include the terms of the agreement by which the public school obtained the use of real or personal property. When the agreement is in writing, a copy of the document must accompany this claim form.

#### **FILING OF AFFIDAVIT**

To receive the full exemption, this form must be filed with the Assessor by February 15. (Section 270 provides a partial exemption for late filing of the Public School Exemption.)

# **IDENTIFICATION OF APPLICANT**

Identify the name of the school, district or organization seeking exemption on the property. Include the mailing address, and corporate identification number (if any).

### **IDENTIFICATION OF PROPERTY**

Identify the location of the property of which you are seeking exemption; include the parcel number. A separate claim form must be filed for each location.

### **FISCAL YEAR**

The fiscal year for which an exemption is sought must be entered correctly. The proper fiscal year follows the lien date (12:01 a.m., January 1) as of which the taxable or exempt status of the property is determined. For example, a person filing a timely claim in February 2011 would enter "2011-2012" on line four of the claim; a "2010-2011" entry on a claim filed in February 2011 would signify that a late claim was being filed for the preceding fiscal year.

### **USE OF PROPERTY**

Please check the applicable box that best describes the type of qualifying use of the property identified on this claim form. Also check the type of property of which you are seeking exemption. Identify whether your organization, as the lessee of the property, has the exclusive right of possession and use of the property.

## **IDENTIFICATION OF OWNER**

Identify owner of the property, include the mailing address. Indicate if a copy of the lease agreement is attached to the claim form and provide the date the lease was signed and the commencement date of the lease.

