EF-571-M-R06-0806-43000101-1 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.

| 1. | NAME AND MAILING ADDRESS | (Make necessary corrections to the printed name and mailing addre | SS. |
|----|--------------------------|---|-----|
|    |                          |   |     |



## 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.orgwww.sccassessor.org

2. LOCATION OF THE PROPERTY:

(File a separate statement for each location)

| oue section 400. Attached  | scriedules are considered to   | be part of the statement.                                |                                    | Str   | eet Address   |            |  |
|--|--|--|------------------------------------|---|---|------------|--|
| I. NAME AND MAILING AD   | ODRESS (Make necessary con   | rrections to the printed name                            | e and mailing address.)            |   | ry  |            |  |
|  |  | 3. DC  | YOU OWN THE LAND AT THIS LOCATION? |   |   |            |  |
|  |  |  |                                    | ☐ Yes ☐ No  If yes, is the name on your deed  recorded as shown on this statement. ☐ Yes ☐ No |   |            |  |
|  |  |  |                                    |   |   |            |  |
|  |  |  |                                    |   |   |            |  |
|  |  |  |                                    |   | CAL PHONE NUMBER()  |            |  |
|  |  |  |                                    | E- <i>N</i>   | Mail Address (optional)   |            |  |
| I  |  |  |                                    |   | RANS:   |            |  |
| _  |  |  |                                    |   | e you filing a claim for veterans' exem   | ption?     |  |
| angible property owned, cl   | laimed, posse <mark>sse</mark> d, controll <mark>ed</mark><br>ventories are exempt from ta | or managed by you at this lovation and should not be re- | ocation at 12:01 a.m., Januar      | ·   | Yes No  |            |  |
| o not report property eligi  |  | Addion and should not be .e.                             | ported for 1900 and ratale         | 111   | ves, a separate "Claim for Veterans' Exe<br>th Assessor on or before February 15. | '          |  |
|  |  |  |                                    | VVI   | th Assessor on or belore rebruary 13.   |            |  |
| DESC   | CRIPTION OF PROPERTY   | DATE AC  | (0)(1)                             |   | REMARKS   | ASSESSOR'S |  |
| 5. SUPPLIES  |  | X X X  |                                    |   |   | USE ONLY   |  |
|  |  |  |                                    |   |   |            |  |
| 6. EQUIPMENT   |  | XXX  |                                    |   |   |            |  |
| a. Total cost of all equ   | uipment h <mark>eld</mark> on January 1, la  | st year X X X  | X                                  |   |   |            |  |
|  |  |  |                                    |   |   |            |  |
| b. Equipment acquire   | ed since January 1, last year  | X X X  | X X X X                            |   |   |            |  |
|  |  |  |                                    |   |   |            |  |
|  |  |  |                                    |   |   |            |  |
| c. Equipment dispose   | ed of since January 1, last yea  | r XXX  | X X X X X                          |   |   |            |  |
|  |  |  |                                    | _   |   |            |  |
| d. Total cost of all equ   | uipment held on J <mark>an</mark> uary 1, th   | is year X X X  | X                                  |   |   |            |  |
| 7. OTHER (describe)  |  |  |                                    |   |   |            |  |
| 8. BUILDINGS OR LEASE  | HOLD IMPROVEMENTS:   | MONTH 9  | (5.5)                              |   |   |            |  |
|  | nd retirements in detail)  | MONTH & Y  | /EAR                               |   |   |            |  |
|  |  |  |                                    |   |   |            |  |
|  |  |  | <del>-</del> -                     |   |   |            |  |
|  |  |  |                                    |   |   |            |  |
| NSTRUCTIONS:   | 16   |  |                                    |   | TOTAL FULL<br>VALUE   |            |  |
| ine 5. Enter the cost of you<br>ine 6. List individually iten  | ur supplies.<br>ns acquired or disposed of since   | e January 1 of last year. Addition                       | nal sheets may be attached. Th     | e figure to   | VALOL   |            |  |
| be entered on line of  | d may be computed by adding t  | he figures for lines a and b and                         | subtracting the figure for line    | c.  | PERSONAL PROPERTY   |            |  |
| ine 7. Enter the date acqu<br>tached.  | ired, cost, and description of ar  | ny other personal property at tr                         | his location. Additional sheets    | may be at-  | FIXTURES  |            |  |
|  | nd show the cost of all additions  |  |                                    | vements to  | (IMPROVEMENTS)  |            |  |
| the buildings of your landlord during the year being reported. Do not repeat items that were included in line 6. |  |  |                                    |   |   |            |  |
|  |  | DECLARATION BY AS  |                                    | PROCESSING DATA   |   |            |  |
| OWNERSHIP<br>TYPE (4)  | Note: The  | following declaration mu:<br>f you do not do so, it may  | st be completed and                |   | OPERATION BY  | DATE       |  |
| ` ,  | I declare under penalty  |  | ·                                  | rnia that I   | ANALYZED  |            |  |
| _  | property statement, including  | uding accompanying s                                     | chedules.                          | COMPUTED  |   |            |  |
| Partnership $\square$  | achments, and to the bes   | t of my knowledge and                                    | belief it is                       | APPRAISED   |   |            |  |
| Corporation $\square$  | plete and includes all ped, possessed, controlled,   |  |                                    |   |   |            |  |
| Other  | atement at 12:01 a.m. on   | January 1, 20  |                                    | REVIEWED  |   |            |  |
| SIGNATURE OF ASSESSEE OR AU  |  | DATE   |                                    | POSTED TO:  |   |            |  |
| <u> </u>   |  |  |                                    |   |   |            |  |
| NAME OF ASSESSEE OR AUTHOR   |  | TITLE  |                                    |   |   |            |  |
|  |  |  |                                    |   |   |            |  |
| NAME OF LEGAL ENTITY (other t  |  | FEDERAL EMPLOYER ID NUMBER                               |                                    | TAX AREA CODE:  |   |            |  |
| DDEDADED/C NIANAE AND ADDED  | C (turned or print1)   | TELEDIJONE NILIPARED                                     | TITLE                              |   | BUS. CODE:  |            |  |
| PREPARER'S NAME AND ADDRES   | TELEPHONE NUMBER   | TITLE  |                                    |   |   |            |  |
|  |  | <u> `                                    </u>            | <u> </u>                           |   |   |            |  |

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.



