EF-571-M-R06-0806-50000110-1 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 checkulas are considered to be a factor of the code section 408.

١.	NAME AND MAILING ADDRESS	(Make necessary corrections to the printed name and mailing address.
	1	

Don H. Gaekle **Stanislaus County Assessor**

2. LOCATION OF THE PROPERTY:

1010 Tenth Street, Suite 2400 Modesto, CA 95354-0863

Modesto, CA 95354-0863								
Phone: (209) 525-6461 • Fax: (209) 525-6586								
www.stancounty.com/assessor								

ode section 408. Attached schedules are c	onsidered to be part of th		reet Address					
. NAME AND MAILING ADDRESS (Make r	necessary corrections to th	e printed name	e and mailing address.)		ty			
Г					OO YOU OWN THE LAND AT THIS LOCATION?			
					Yes No			
					yes, is the name on your deed corded as shown on this staten	Пу	. 🗆 w.	
						nent. L re	S L NO	
					OCAL PHONE NUMBER(
					Mail Address (optional)			
					RANS: e you filing a claim for veteran	s'exemption?		
angible property owned, claimed, possesse	d, controll <mark>ed,</mark> or manage <mark>d</mark>	by you at this l	ocation at 12:01 a.m., Jar	nuary 1 of	Yes No	S Cacinption:		
ne year being reported. Inventories are exe to not report property eligible for this exem		ould not be re	ported for 1980 and futi	ure y <mark>ear</mark> s.	yes, a separate "Claim for Vetera	ns' E <mark>xempti</mark> o	n" form must be filed	
o not report property engine for this even	p			W	ith Assessor on or before Febru	ary 15.		
DESCRIPTION OF PRO	PERTY	DATE AC	(0)		REMARKS		ASSESSOR'S	
S. CHRRIES	QUIRE					USE ONLY		
5. SUPPLIES		XXX						
6. EQUIPMENT		XXX						
a. Total cost of all equipment held on	January I, last year	X X X	٨					
h Fairman in Line h		V V V	V V V V V					
b. Equipment acquired since January	1, last year	XXX	X X X X			-		
c. Equipment disposed of since Janua	ry 1 last year	XXX	X XXXX					
c. Equipment disposed of since Janua	ry 1, last year	^ ^ ^	^					
d. Total cost of all equipment held on	January 1 this year	XXX	Y					
7. OTHER (describe)	January 1, this year	***	^					
BUILDINGS OR LEASEHOLD IMPROVE	MENTS.							
(describe additions and retirements in		MONTH &	YEAR					
					TOTAL FULL			
NSTRUCTIONS: ine 5. Enter the cost of your supplies.					TOTAL FULL VALUE			
ine 6. List individually items acquired or disp								
be entered on line d may be compute ine 7. Enter the date acquired, cost, and des					PERSONAL PROPERTY			
tached. ine 8. Describe in detail and show the cost o	fall additions and rotiromon	ts to your buildin	age or to your loseshold im	unrovements to	FIXTURES			
the buildings of your landlord during				(IMPROVEMENTS)				
	DECLAR	ATION BY A	SSESSEE		PROCESSING DATA			
OWNERSHIP	Note: The following de				OPERATION	BY	DATE	
TYPE (4)	signed. If you do not		•		ANALYZED			
_ have examin	vs of the State of Cal uding accompanying		COMPUTED					
arthership \square statements of	t of my knowledge a	nd belief it is						
forporation	roperty required to or managed by the p	be reported erson named	APPRAISED					
other as the assess	ee in this statement at	12:01 a.m. on	January 1, 20	<u>. </u>	REVIEWED			
IGNATURE OF ASSESSEE OR AUTHORIZED AGENT*			DATE		POSTED TO:			
NAME OF ACCESSES OF AUTHORIZED ACCENTS (777.5							
IAME OF ASSESSEE OR AUTHORIZED AGENT* (type	a or printea)		TITLE					
IAME OF LEGAL ENTITY (other than DBA) (typed or	printed)		FEDERAL EMPLOYER ID NU	MBER	TAX AREA CODE:			
					BUS. CODE:			
REPARER'S NAME AND ADDRESS (typed or printed) TELEPHONE N	JMBER	TITLE		DOS. CODE.			
	()							

*Agent: see back for Declaration by Assessee instructions.

THIS STATEMENT 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.



