EF-571-M-R06-0806-53000113-1 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.

	•		

**Shanna White** County Clerk-Recorder-Assessor

P.O. Box 1255 Weaverville, CA 96093 Phone: (530) 623-1257 Fax: (530) 623-8398

2. LOCATION OF THE PROPERTY:

assessor@trinitycounty.org

disclosed only to the dis Code section 408. Attached	trict attorney, grand jury, a I schedules are considered to		(File a separate statement for each location) Street Address				
NAME AND MAILING AD	ODRESS (Make necessary co	rections to the printed name	e and mailing address.)		ty		
Г	•	·			O YOU OWN THE LAND AT THIS LOCATION?		
					Yes No	27.1. 11.113 20 67.11.01.1	
					yes, is the name on yo	ur deed	
				re	corded as shown on t	his statement. 🔲 \	′es 🗌 No
					OCAL PHONE NUMBE		
					Mail Address (optiona	l)	
L					RANS:		•
T 20.1	1	11	11221	Ar	e you filing a claim fo	r veterans exemption	1?
	laimed, posse <mark>sse</mark> d, controll <mark>ed</mark> ventories are exempt from ta			-		for Votorans' Everenti	on" form must be filed
Do not report property eligi				111	ith Assessor on or befo		on form must be filed
				W	ith Assessor on or bein	ore rebruary 13.	
DESC	CRIPTION OF PROPERTY	DATE AC			REMARKS		ASSESSOR'S
		QUIRÈ					USE ONLY
5. SUPPLIES		XXX	X				
6. EQUIPMENT		XXX	X X X X X				
a. Total cost of all equ	uipment h <mark>eld</mark> on January 1, la	st year X X X	X				
h Equipment acquire	ed since January 1, last year	XXX	X XXXX				
- zi zquipinent dequite	za sirice sarraary 17.ast year						
c. Equipment dispose	ed of since January 1, last yea	r XXX	X XXXX				
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 &	/FAD				
(describe additions ar	nd retirements <mark>in d</mark> etail)	MONTHA	TEAR				
					ı		
INSTRUCTIONS:					TOTAL FULL		
Line 5. Enter the cost of you	ur supplies. ns acquired or disposed of since	January 1 of last year Addition	aal ah aata may ba ata dha	d The Saure to	VALUE		
	d may be computed by adding t				PERSONAL PROPE	DTV	
	ired, cost, and description of ar	ly other pe <mark>rso</mark> nal property <mark>at t</mark> h	nis location. Additional she	ets may be at-		711	
tached. Line 8. Describe in detail an	nd show the cost of all additions	and retirements to your building	gs, or to your leasehold im	provements to	FIXTURES		
	r landlord during the year being				(IMPROVEMENTS)		
		DECLARATION BY AS	SSESSEE			PROCESSING DA	ιΤΑ
OWNERSHIP	Note: The	following declaration mu	st be completed and		OPERATION	BY	DATE
TYPE (4)	signed. I	f you do not do so, it may	result in penalties.			J.	57.112
Proprietorship			vs of the State of Cal	ifornia that I	ANALYZED		
have examined this property statement, incl					COMPUTED		
Corporation statements or other attachments, and to the bes					APPRAISED		
	or managed by the pe	erson named					
Other L	as the assessee in this st	atement at 12:01 a.m. on	January 1, 20		REVIEWED		
SIGNATURE OF ASSESSEE OR AU	THORIZED AGENT*		DATE		POSTED TO:		
<u> </u>							
NAME OF ASSESSEE OR AUTHOR	RIZED AGENT* (typed or printed)		TITLE				
NAME OF LEGAL ENTITY (other t	han DBA) (typed or printed)		FEDERAL EMPLOYER ID NUMBER		TAX AREA CODE:		
					BUS. CODE:		
PREPARER'S NAME AND ADDRESS (typed or printed)  TELEPHONE NUMBER			TITLE				

THIS STATEMENT SUBJECT TO AUDIT



 $<sup>\</sup>hbox{*Agent: see back for Declaration by Assessee instructions.}\\$ 

## **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.



