EF-571-R-R25-0522-05000128-1

BOE-571-R (P1) REV. 25 (05-22)

APARTMENT HOUSE PROPERTY STATEMENT FOR 2023

(Declaration of costs and other related property information as of 12:01 A.M., January 1, 2023)

RETURN THIS ORIGINAL FORM. COPIES WILL NOT BE ACCEPTED.

FILE RETURN BY APRIL 1, 2023

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



Larie Durham Calaveras County Assessor

891 Mountain Ranch Road San Andreas, CA 95249 209.754.6356

•							
						THE PROPERTY (statement for each	
					2 Enter the total	al number of units fo	or the location listed.
L					2. Effet the total		in one of the units?
						Do you live	
Local Telephone Number		Fax Number			If yes , enter t	the unit number	
Email Address			;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;		3. During the pe		2022 through December 31,
Enter location of general ledger and	all related accounting r			- TE TID	2022:	ndividual as legal	entity (corporation, partnership,
STREET		CITY		TATE ZIP	limited lia	bility company, etc.) acquire a "controlling definition) in this business
Enter name and telephone number of	of authorized person to	contact at location	n of accounting rec	ords:	entity?		,
					☐ Yes [it <mark>y al</mark> so own "real property" (see
CAREFULLY READ AND FOLLOW 1. If you no longer own this prop				g address of the ne	instruction	ns for definition) in	California at the time of the
owner:	berty as or bandary 1 of	uns year, snow u		g dddress of the field	" ☐ Yes [□ No	
Name			VI				and (2), filer must submit form ange in Control and Ownership
Mailing Address					of Legal	Entities, to the Sta	ate Board of Equalization. See
City and State			Zip Code		instruction —	ns for filing requirer	ments.
 Do any other individuals, partn premises? ☐ Yes ☐ No 	nership <mark>s or corporatio</mark> ns If yes, lis t below.	s do business or o	wn personal proper	ty (other than house	hold furniture and p	ersonal effects of ye	our tenants) located on your
NAME AND ADDRESS OF (OWN <mark>ER</mark> OF SUCH PR	OPERTY	NA	TURE OF THE BUS	INESS OR PROPE	ERTY	
							ASSESSOR'S USE ONLY
							002 0.112.
 Do you hold furniture or equip ☐ Yes ☐ No If yes, I 	ment belonging to othe ist below.	ers on a loan, rent	al, or lease basis?				
NAME AND ADDRESS OF (OWNER OF SUCH PR	OPERTY		QUANTITY ANI	D DESCR <mark>IPT</mark> ION		
ENTER BELOW the number of Schedule A. Do not include, e.				ators, not built-in), a	nd unfurnished unit	s. Also complete	
	SLP. ROOM	STUDIO	1 BEDRM.	2 BEDRM.	3 BEDRM.	LARGER	-
FULLY FURNISHED							
PARTLY FURNISHED							
UNFURNISHED							
TOTALS							
7. Supplies					Cost		
8. Furniture and appliances				Enter From Sche	edule A		
Other furniture and equipment	t			Enter From Sche	dule B		
10.							
					TOTAL FU	ILL VALUE	
					PERSONA	AL PROPERTY	
					FIXTURES	3	
					OTHER IN	MPROVEMENTS	
					LAND		
		TUIC	STATEMENT SUE	LIECT TO ALIDIT			1

BOE-571-R (P2) REV. 25 (05-22)

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.

Acquisition	SCHEDULE A	FURNITURE AND APPLIAN do not include built-ins)	CES (include items	s in storage,	SCHEDUL	LE B OTHER FURNITURE AN pool, vending, signs, fire e	D EQUIPMENT (o extinguishers)	ffice, lobby, lai
Comparison Com		Original Installed Cost	FOR ASSESSOR'S			Original Installed Cost	FOR ASSESSOR'S USE ONLY	
2021 2020 2020 2019 2019 2018 2018 2017 2016 2016 2016 2015 2015 2014 2013 2012 & prior TOTAL COST \$ Enter on line 8, page 1.	Acquisition		Factor	Value	Acquisition		Factor	Value
2020 2019 2019 2018 2017 2017 2016 2016 2015 2015 2014 2014 2013 2012	2022				2022			
2019 2018 2018 2017 2017 2016 2016 2015 2014 2014 2013 2012 8 prior TOTAL COST \$ Enter on line 8, page 1. Enter on line 8, page 1.	2021				2021			
2018 2017 2016 2016 2015 2015 2014 2014 2013 2012 8 prior TOTAL COST \$ Enter on line 8, page 1. Enter on line 8, page 1.	2020				2020			
2017 2016 2015 2015 2014 2013 2012 & prior TOTAL COST \$ Enter on line 8, page 1.	2019				2019			
2016 2015 2015 2014 2014 2013 2012 & prior TOTAL COST \$	2018				2018			
2015 2014 2013 2012 8 prior TOTAL COST \$ Enter on line 8, page 1. 2015 TOTAL COST \$ Enter on line 9, page 1.	2017				2017			
2014 2013 2012 & prior TOTAL COST \$ Enter on line 8, page 1. 2014 2013 2012 & prior TOTAL COST \$ Enter on line 9, page 1.	2016				2016			
2013 2012	2015				2015			
2012	2014				2014			
& prior TOTAL COST \$ Enter on line 8, page 1. Enter on line 9, page 1.	2013				2013			
TOTAL COST \$ Enter on line 8, page 1. TOTAL COST \$ Enter on line 9, page 1.								
REMARKS:								
	REMARKS:							
					_	 		

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, 2023.

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 www.boe.ca.gov 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.

