EF-571-M-R06-0806-11000361-1 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.

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

2. LOCATION OF THE PROPERTY:

## Glenn County Assessor/Clerk/Recorder

516 W. SYCAMORE ST., 2ND FLOOR WILLOWS, CA 95988

(File a separate statement for each location)

Phone: (530) 934-6402 FAX: (530) 934-6571

				50	reet Address		
. NAME AND MAILING ADDRES	e and mailing address.)	d mailing address.)  City  3. DO YOU OWN THE LAND AT THIS LOCATION?					
					Yes No		
					yes, is the name on your		
					corded as shown on this		
					OCAL PHONE NUMBER _		
				E-	Mail Address (optional) .		
I				, VETE	RANS:		
					e you filing a claim for v	eterans' exemption?	
angible property owned, claimed ne year being reported. Inventor	, possessed, controlled	or managed by you at this lo	ocation at 12:01 a.m., Jan	-	Yes No		
o not report property eligible for	this exemption.	xation and should not be re	ported for 1900 and fate	111	ves, a separate "Claim for th Assessor on or before		n" form must be filed
				T WI	til Assessol oli oli belole	rebruary 13.	
DESCRIPTION	ON OF PROPERTY	DATE AC	(0)		REMARKS		ASSESSOR'S USE ONLY
5. SUPPLIES		XXX					OSE ONE!
6. EQUIPMENT		X X X	x		_		
a. Total cost of all equipmen	nt held on January 1, la	st year X X X	X				
b. Equipment acquired sinc	e January 1, last year	X X X	X X X X X				
				<del>                                     </del>			
c. Equipment disposed of s	ince January 1, last yea	r XXX	X XXXX				
d. Total cost of all equipmen	nt held on J <mark>an</mark> uary 1, th	is year X X X	Х				
7. OTHER (describe)							
BUILDINGS OR LEASEHOLD     (describe additions and retire		MONTH &	YEAR				
(describe additions and retii	ements in detail)						
					ı		
NSTRUCTIONS:					TOTAL FULL VALUE		
ine 5. Enter the cost of your supp ine 6. List individually items acqu		e January 1 of last year. Addition	nal sheets may be attached	d. The figure to	VALUE		
be entered on line d may be	e computed by adding	the figures f <mark>or li</mark> nes a and b <mark>and</mark> ny other personal property at th	subtracting the figure for I	ine c.	PERSONAL PROPERT	Y	
ine 7. Enter the date acquired, co tached.	ist, and description of ar	ly other personal property at tr	iis location. Additional sne	FIXTURES			
		and retirements to your building reported. Do not repeat items			(IMPROVEMENTS)		
		DECLARATION BY AS			PROCESSING DATA		
OWNERSHIP	st be completed and		OPERATION	BY	DATE		
TYPE (4)	_	f you do not do so, it may	·		ANALYZED		
hav	clare under penalty	of perjury under the law property statement, incl	vs of the State of Cal	ifornia that l			
artnership 🗀   stat	t of my knowledge ai	nd belief it is	COMPUTED _				
orporation   true, correct, and complete and includes all property rec which is owned, claimed, possessed, controlled, or managed				be reported	APPRAISED		
other as the	January 1, 20		REVIEWED				
IGNATURE OF ASSESSEE OR AUTHORIZ	DATE		POSTED TO:				
<b>-</b>							
IAME OF ASSESSEE OR AUTHORIZED A	TITLE						
IAME OF LEGAL ENTITY (other than DB	FEDERAL EMPLOYER ID NUMBER		TAX AREA CODE:				
or Leave Living Joures Mail Do	. LOLINE LIMI LOTEN ID NOI						
REPARER'S NAME AND ADDRESS (type	d or printed)	TELEPHONE NUMBER	TITLE		BUS. CODE:		
		( )					

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.



