



County of Inyo
Dave Stottlemyre, Assessor
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Independence, CA 93526
(760) 878-0302
inyoassessor@inyocounty.us

20 _____ 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 address.)

2. LOCATION OF THE PROPERTY:

(File a separate statement for each location)

Street Address _____

City _____

3. DO 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

4. LOCAL PHONE NUMBER _____ () _____

E-Mail Address (optional) _____

VETERANS:

Are you filing a claim for veterans' exemption?

☐ Yes ☐ No

If yes, a separate "Claim for Veterans' Exemption" form must be filed
with Assessor on or before February 15.

Tangible property owned, claimed, possessed, controlled, or managed by you at this location at 12:01 a.m., January 1 of the year being reported. Inventories are exempt from taxation and should not be reported for 1980 and future years. Do not report property eligible for this exemption.

DESCRIPTION OF PROPERTY	DATE AC- QUIRED	COST	REMARKS	ASSESSOR'S USE ONLY
5. SUPPLIES	X X X X			
6. EQUIPMENT	X X X X	X X X X		
a. Total cost of all equipment held on January 1, last year	X X X X			
b. Equipment acquired since January 1, last year	X X X X	X X X X		
c. Equipment disposed of since January 1, last year	X X X X	X X X X		
d. Total cost of all equipment held on January 1, this year	X X X X			
7. OTHER (describe)				
8. BUILDINGS OR LEASEHOLD IMPROVEMENTS: (describe additions and retirements in detail)	MONTH & YEAR			

INSTRUCTIONS:

Line 5. Enter the cost of your supplies.

Line 6. List individually items acquired or disposed of since January 1 of last year. Additional sheets may be attached. The figure to be entered on line d may be computed by adding the figures for lines a and b and subtracting the figure for line c.

Line 7. Enter the date acquired, cost, and description of any other personal property at this location. Additional sheets may be attached.

Line 8. Describe in detail and show the cost of all additions and retirements to your buildings, or to your leasehold improvements to the buildings of your landlord during the year being reported. Do not repeat items that were included in line 6.

TOTAL FULL
VALUE

PERSONAL PROPERTY

FIXTURES
(IMPROVEMENTS)

DECLARATION BY ASSESSEE

OWNERSHIP TYPE (4)	Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties.
Proprietorship <input type="checkbox"/>	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, 20____.
Partnership <input type="checkbox"/>	
Corporation <input type="checkbox"/>	
Other _____ <input type="checkbox"/>	

SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*
▶

DATE

NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)

TITLE

NAME OF LEGAL ENTITY (other than DBA) (typed or printed)

FEDERAL EMPLOYER ID NUMBER

PREPARER'S NAME AND ADDRESS (typed or printed)

TELEPHONE NUMBER
()

TITLE

PROCESSING DATA

OPERATION	BY	DATE
ANALYZED	_____	_____
COMPUTED	_____	_____
APPRAISED	_____	_____
REVIEWED	_____	_____
POSTED TO:	_____	_____
TAX AREA CODE:	_____	_____
BUS. 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.

*THIS IS A
SAMPLE!
DO NOT
USE!*

