## \_ 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.

 	(make necessar) corrections to the printed name and maining address



## **Shelly Scott** Assessor-Recorder-County Clerk

County of Marin CHANGE IN OWNERSHIP DIVISION P.O. Box C

San Rafael, CA 94913 Phone: (415) 473-7231 Fax: (415) 473-6255 www.marincounty.gov

(File a separate statement for each location)

2. LOCATION OF THE PROPERTY:

Code section 408. Attached	I schedules are considered to be part of the	Street Address					
1. NAME AND MAILING AD	DDRESS (Make necessary corrections to the	e printed name	and mailing address.)	_	City		
Г		¬ <sub>3.</sub>	DO YOU OWN THE LAND AT THIS LOCATION?				
					Yes No		
					If yes, is the name on your deed		
		corded as shown on this statement.  Yes No  OCAL PHONE NUMBER(  Mail Address (optional)					
L			ETERANS:  Are you filing a claim for veterans' exemption?				
Tangible property owned, c	laimed, possessed, controlled, or managed I	by you at this lo	cation at 12:01 a.m., Janu	iary 1 of	Yes No		
the year being reported. In Do not report property eligi	ventories are exempt from taxation and sho	ould not be rep	orted for 1980 and futur	re y <mark>ear</mark> s.	If yes, a separate "Claim for Veterans' Exemption" form must be filed		
					with Assessor on or before I	February 15.	
DESC	CRIPTION OF PROPERTY	DATE AC-	COST		REMARKS		ASSESSOR'S
		QUIRED X X X X					USE ONLY
5. SUPPLIES							
6. EQUIPMENT		XXXX					
a. Total cost of all equ	uipment held on January 1, last year	XXXX					
h Equipment acquire	ed since January 1, Jast year	XXXX	XXXX				
D. Equipment acquire	ed since January 1, last year	A A A A	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
			<i>/</i>				
c. Equipment dispose	XXXX	XXXX					
- Equipment disposi		7,7,7,7	XXXX				
d. Total cost of all equ	uipment held on January 1, this year	XXXX					
7. OTHER (describe)							
8. BUILDINGS OR LEASE	EHOLD IMPROVEMENTS:	MONTH & VI	EAR				
(describe additions ar	nd retirements <mark>in d</mark> etail)	MONTH & YE	EAR				
INSTRUCTIONS:					TOTAL FULL		
Line 5. Enter the cost of you					VALUE		
	ns acquired or disposed of since January 1 o <mark>f la</mark> d may be computed by adding the figures for lir				DEDCOMAL PROPERTY		
Line 7. Enter the date acqu	lired, cost, and description of any other person				PERSONAL PROPERTY		
	nd show the cost of all additions and retirements				FIXTURES (IMPROVEMENTS)		
the buildings of you	ır landlord during the year being reported. Do n	NOT REPEAT ITEMS TO ATION BY ASS					
OWNERSHIP		PROCESSING DATA					
TYPE (4)	Note: The following de signed. If you do not				OPERATION	BY	DATE
Proprietorship   I declare under penalty of perjury under the law				ornia that I	ANALYZED		
Partnership have examined this property statement, inclusively statements or other attachments, and to the best		uding accompanying schedules, t of my knowledge and belief it is		COMPUTED			
Corporation			operty required to b	e reported	APPRAISED		-
Other Uhich is owned, claimed, possessed, controlled, or as the assessee in this statement at 12:01 a.m. on Ja				rson named	REVIEWED		
SIGNATURE OF ASSESSEE OR AU		DATE		POSTED TO:			
<b>•</b>							
NAME OF ASSESSEE OR AUTHOR		TITLE					
NAME OF LEGAL ENTITY ( )	the DDAV(torsed associate 1)		EEDERAL EMPLOYED ID YOUR	DED	TAY ADEA CODE		
NAME OF LEGAL ENTITY (other t	tnan ива) (typed or printed)	FEDERAL EMPLOYER ID NUM	BEK	TAX AREA CODE:			
DDEDARED'S NAME AND ADDRES	TITI C		BUS. CODE:				

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.



