EF-571-M-R06-0806-22000190-1 BOE-571-M (FRONT) REV. 6 (8-06)

PREPARER'S NAME AND ADDRESS (typed or printed)

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						
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TELEPHONE NUMBER

Vincent P. Kehoe County of Mariposa Assessor/Recorder

4982 10th St P.O. Box 35 Mariposa, CA 95338 Ph: (209) 966-2332

Fax: (209) 966-5719

on time will compel the A from other information in required by Code section 4c contained herein will be I disclosed only to the dis	Assessor's Office to estimate the value of your parts possession and add a penalty of 10 percost. The info statement is not a public document. The info leld secret by the Assessor (Code section 451); it trict attorney, grand jury, and other agencies speschedules are considered to be part of the statemen	LOCATION OF THE PROPERTY: (File a separate statement for each location) Street Address				
1. NAME AND MAILING AD	ODRESS (Make necessary corrections to the printed r	3. [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)			
Tangible property owned, cl the year being reported. In Do not report property eligil	laimed, possessed, controlled, or managed by you at t ventories are exempt from taxation and should not b ble for this exemption.	his l <mark>ocation at 12:01</mark> a.m., Jai e reported for 1980 and fut	nuary 1 of cure years.	ERANS: If you filing a claim for you filing a claim for yes. No Yes No Yes, a separate "Claim with Assessor on or before yes."	for Veterans' Exemption	
DESC		E AC- IRED COST		RÉMARKS		ASSESSOR'S USE ONLY
5. SUPPLIES	X X	XX				
6. EQUIPMENT	X X	XXXXXX				
a. Total cost of all equ	uipment held on January 1, last year X X	XX				
h Faritanian in	d since lawy 1 lawy 1	V V V V V V				
b. Equipment acquire	ed since January 1, last year X X	XXX				
	A Company of the Comp					
c. Equipment dispose	ed of since January 1, last year X X	XXX				
d. Total cost of all equ	uipment held on January 1, this year X X	XX				
7. OTHER (describe)	A A	^				
	HOLD IMPROVEMENTS:					
	nd retirements in detail)	H & YEAR				
			+ -			
					_	
	ns acquired or disposed of since January 1 of last year. Add		TOTAL FULL VALUE			
	d may be computed by adding the figures f <mark>or li</mark> nes a and b ired, cost, and description of any other pe <mark>rso</mark> nal property,		FIXTURES			
tached.						
	ld show the cost of all additions and retirements to your bu r landlord during the year being reported. Do not repeat i t					
	DECLARATION B	Y ASSESSEE		PROCESSING DATA		
OWNERSHIP Note: The following declaration must be comp				OPERATION	BY	DATE
TYPE (4) signed. If you do not do so, it may result in p			116 1 11 11	ANALYZED		
Proprietorship				COMPUTED		
statements or other attachments, and to the best of my knowledge ar						
Corporation	true, correct, and complete and includes a which is owned, claimed, possessed, controll			APPRAISED		
Other	as the assessee in this statement at 12:01 a.m.			REVIEWED		
SIGNATURE OF ASSESSEE OR AU	DATE		POSTED TO:			
NAME OF ASSESSEE OR AUTHOR	NZED AGENT* (typed or printed)	TITLE				
	• • • • • • • • • • • • • • • • • • • •			 		
NAME OF LEGAL ENTITY (other t	FEDERAL EMPLOYER ID NU	JMBER	TAX AREA CODE:			

BUS. CODE:

THIS STATEMENT SUBJECT TO AUDIT

TITLE



^{*}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.

