EF-571-M-R06-0806-25000348-1 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 disclosed only to the district attorney, grand jury, and other agencies specific section 451). Code section 408. Attached schedules are considered to be part of the statemer

Tangible property owned, claimed, possessed, controlled, or managed by you at the year being reported. Inventories are exempt from taxation and should not

a. Total cost of all equipment held on January 1, last year

b. Equipment acquired since January 1, last year

c. Equipment disposed of since January 1, last year

BUILDINGS OR LEASEHOLD IMPROVEMENTS:

(describe additions and retirements in detail)

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

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

PREPARER'S NAME AND ADDRESS (typed or printed)

SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*

Do not report property eligible for this exemption.

SUPPLIES

EOUIPMENT

7. OTHER (describe)

OWNERSHIP

Proprietorship

Partnership

Corporation

Other.

INSTRUCTIONS: Line 5.

Line 6.

Line 7.

Line 8.

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

Cheri Budmark Modoc County Assessor

204 Sout Court Street, Suite 106 Alturas, CA 96101 Phone: (530) 233-6218 Fax: (530) 233-6237 assessor@co.modoc.ca.us

by Code section 46 d herein will be h d only to the dis	53. This statement is not a puneld secret by the Assessor	a penalty of 10 percent ublic document. The informat (Code section 451); it can and other agencies specified be part of the statement.	LOCATION OF THE PROPERTY: (File a separate statement for each location) Street Address		
property owned, cl being reported. Inv	laimed, posse <mark>sse</mark> d, controllec	l, or managed by you at this loxation and should not be rep	3. 4. VE vecation at 12:01 a.m., January 1 of order for 1980 and future years.	City	TION? Yes No nption?
DESC	RIPTION OF PROPERTY	DATE AC QUIRED		RÉMARKS	ASSESSOR'S USE ONLY
IPPLIES		XXX	(
UIPMENT		XXX	X X X X		
Total cost of all equ	uipment h <mark>eld</mark> on January 1, la	st year X X X X			
Equipment acquire	ed since January 1, last year	x x x	X X X X		
Equipment dispose	ed of since January 1, last year	r XXX	X X X X		
Total cost of all equ	uipment held on January 1, th	nis year XXXX			
HER (describe)	arpinenene und distribution of the				
	HOLD IMPROV <mark>EM</mark> ENTS: and retirements in detail)	MONTH & Y	EAR		
TIONS: Enter the cost of you				TOTAL FULL VALUE	
be entered on line of Enter the date acqui	d may be computed by adding	the figures for lines a and b and	ial sheets may be attached. The figure to subtracting the figure for line c. is location. Additional sheets may be at-	PERSONAL PROPERTY	
		and retirements to your building reported. Do not repeat items	gs, or to your leasehold improvements to that were included in line 6.	FIXTURES (IMPROVEMENTS)	
		DECLARATION BY AS	PROCESSING	G DATA	
WNERSHIP TYPE (4)		following declaration mus		OPERATION BY	DATE
orship \square		, , ,	s of the State of California that	ANALYZED	
hip 🗆	have examined this is	property statement, inclu	, COMPUTED		
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				S I Appraised	
	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				
RE OF ASSESSEE OR AU		atement at 12.01 a.m. on	DATE	POSTED TO:	
				-	
ASSESSEE OR AUTHOR	IZED AGENT* (typed or printed)		TITLE		
LEGAL ENTITY (other t	han DBA) (typed or printed)		FEDERAL EMPLOYER ID NUMBER	TAX AREA CODE:	
R'S NAME AND ADDRES	S (typed or printed)	TELEPHONE NUMBER	TITLE	- BUS. CODE:	

THIS STATEMENT SUBJECT TO AUDIT



^{*}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.

