EF-571-M-R06-0806-25000214-1 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 begin will be held secret by the Assessor (Code section 451): it can be di C

| ۱. | NAME AND MAILING ADDRESS | (Make necessary corrections to the printed name and | mailing address. |
|----|--------------------------|---|------------------|
| | | | |



Kristen DePaul **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

| equired by Code section 46 ontained herein will be he isclosed only to the distode section 408. Attached | This statement is not a puell eld secret by the Assessor rict attorney, grand jury, a schedules are considered to | OCATION OF THE PROPERTY: ile a separate statement for each location) reet Address | | | | | | |
|---|---|---|--|---------------------|--|-------------------------|------------------------------|--|
| | | rrections to the printed name | | ? | | | | |
| | | | | lf y | Yes No ves, is the name on your corded as shown on the | | ′es 🗌 No | |
| | | | | | CAL PHONE NUMBER | | | |
| | | | | | Mail Address (optiona | | | |
| 1 | | | | , VETE | RANS: | | | |
| — angible property owned, cla ne year being reported. Inv o not report property eligib | entories are exempt from ta | or managed by you at this loxation and should not be rep | ocation at 12:01 a.m., Janu ported for 1980 and futur | uary 1 of re years. | | for Veterans' Exemption | n? on" form must be filed | |
| DESCI | RIPTION OF PROPERTY | DATE AC | (0) | Wi | th Assessor on or before REMARKS | ore February 15. | ASSESSOR'S USE ONLY | |
| 5. SUPPLIES | | XXXX | | | | | USE ONE | |
| 6. EQUIPMENT | | XXX | X X X X | | | | | |
| a. Total cost of all equ | ipment h <mark>eld</mark> on January 1, la | st year X X X X | X | | | | | |
| b. Equipment acquired | d since January 1, last year | X X X | x x x x x | | | | | |
| | | | | | | _ | | |
| | | | | | | | | |
| c. Equipment dispose | d of since January 1, last yea | r XXX | x xxxx | | | | | |
| • | ipment held on J <mark>an</mark> uary 1, th | is year X X X X | X | | | | | |
| 7. OTHER (describe) | | | | | | | | |
| 8. BUILDINGS OR LEASEI (describe additions and | HOLD IMPROVEMENTS: d retirements in detail) | MONTH & Y | 'EAR | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| NSTRUCTIONS: ine 5. Enter the cost of you ine 6. List individually item | nal sheets may be attached | The figure to | TOTAL FULL VALUE | | | | | |
| be entered on line d | subtracting the figure for li is location. Additional shee | ne c. | PERSONAL PROPER | RTY | | | | |
| ine 8. Describe in detail and the buildings of your | | FIXTURES (IMPROVEMENTS) | | | | | | |
| | | DECLARATION BY AS | SSESSEE | | PROCESSING DATA | | | |
| OWNERSHIP TYPE (4) | st be completed and result in penalties. | | OPERATION ANALYZED | ВУ | DATE | | | |
| roprietorship | | | | | COMPUTED | | | |
| artnership \Box | t of my knowledge an | d belief it is | APPRAISED | | | | | |
| true, correct, and complete and includes all property which is owned, claimed, possessed, controlled, or manages as the assessee in this statement at 12:01 a.m. on January | | | | | REVIEWED | | | |
| IGNATURE OF ASSESSEE OR AUT | | atement at 12:01 a.m. on . | January 1, 20 DATE | | POSTED TO: | | | |
| IAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed) | | | TITLE | | | | | |
| IAME OF LEGAL ENTITY (other than DBA) (typed or printed) | | | FEDERAL EMPLOYER ID NUMBER | | TAX AREA CODE: | | | |
| REPARER'S NAME AND ADDRESS (typed or printed) TELEPHONE NUMBER | | | TITLE | | BUS. CODE: | | | |
| | | 1: | | | | | | |

THIS STATEMENT SUBJECT TO AUDIT



 $[\]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.



