EF-571-M-R06-0806-26000286-1 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 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.



Mono County Office Of The Assessor Barry Beck, Assessor

PO Box 456

2. LOCATION OF THE PROPERTY:

Bridgeport, CA 93517-0456 Telephone: 760-932-5510 Fax: 760-932-5511

Email: assessor@mono.ca.gov

(File a separate statement for each location)

Website: www.monocounty.ca.gov/assessor

ode section 408. Attached schedules are considered to be part of the statement.					reet Address	
					ity	
Γ				3. D	O YOU OWN THE LAND AT THIS LOCAT Yes No	TION?
					yes, is the name on your deed	
				re	corded as shown on this statement.	Yes No
				4. LC	OCAL PHONE NUMBER ()	
					Mail Address (optional)	
					RANS:	
angible property owned, cl	aimed, possessed, controlled	, or managed by you at this lo xation and should not be re	ocation at 12:01 a.m., Jan	uary 1 of	re you filing a claim for veterans' exemp	
o not report property eligil		yation and should het be re	ported for 1900 and rata	* II	yes, a separate "Claim for Veterans' Exer ith Assessor on or before February 15.	nption" form must be filed
		1		T VV	itii Assessoi oii oi belole rebruary 13.	
	RIPTION OF PROPERTY	DATE AC QUIRED	COST		REMARKS	ASSESSOR'S USE ONLY
5. SUPPLIES	XXX					
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	Х			
b. Equipment acquired since January 1, last year			X X X X			
c. Equipment disposed of since January 1, last year X X X X X X X X X X X X X X X X X X X						
·	ipment held on J <mark>an</mark> uary 1, th	is year X X X	Х			
7. OTHER (describe)						
8. BUILDINGS OR LEASE (describe additions an	MONTH & Y	YEAR				
NSTRUCTIONS:					TOTAL FULL	
ine 5. Enter the cost of your supplies.					VALUE	
ine 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.						
	ny other pe <mark>rso</mark> nal property at th			PERSONAL PROPERTY		
tached. ine 8. Describe in detail and show the cost of all additions and retirements to your buildings, or to your leasehold				provements to	FIXTURES	
the buildings of your landlord during the year being reported. Do not repeat items that were included in line 6.					(IMPROVEMENTS)	
DECLARATION BY ASSESSEE				PROCESSING DATA		
OWNERSHIP Note: The following declaration must be completed and					OPERATION BY	DATE
TYPE (4)	signed. If you do not do so, it may result in penalties.				ANALYZED	
roprietorship	I declare under penalty of perjury under the laws of the State of California that I have examined this property statement, including accompanying schedules,				COMPUTED	
artnership 🔲	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				APPRAISED	
orporation 🔲	which is owned, claimed, possessed, controlled, or managed by the person named					
Other	as the assessee in this st	atement at 12:01 a.m. on	January 1, 20		REVIEWED	
IGNATURE OF ASSESSEE OR AUT		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:	
			LO TENIO	- 111		
REPARER'S NAME AND ADDRESS (typed or printed) TELEPHONE NUMBER			TITLE		BUS. CODE:	
	[\	I .		1		

*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.

