EF-571-J1-R04-0803-27000351-1 BOE-571-J1 (FRONT) REV. 4 (8-03)

This report must be completed in detail and

OFFICIAL NOTICE

## **Xochitl Marina Camacho Monterey County Assessor**

P. O. Box 570 Salinas, CA 93902-0570 Phone: (831) 755-5035 Fax: (831) 755-5435 assessor@co.monterey.ca.us

## REPORT OF BOARDED RACEHORSES

filed with the Assessor on or before: \_ Read the instructions before completing this form. (Make necessary corrections to the printed name

MALEN G ADDRESS KERS, SEER, SEER, SEER OF CONTINUE STATE, SEER OF CONTINUE STATE OF CONTIN	and mailing address.)	To Assessor of	County		
ADDRESS OF THIS LOCATION (street, ctp., state, 26 rode)  LIST ALL BOARDED RACEHORSES AT THIS LOCATION AS OF 12:01 a.m. ON JANUARY 1, 20  File a separate report for each location at which you boarded racehorses for others.  A B C D D TE OF OWNERS NAME OWNERS ADDRESS  (include stallions, brood raiser, yearlings, and horses in training)  DECLARATION BY ASSESSEE  Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties.  I declare under penalty of perjury under the laws of the State of California that I have examined this report, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it is true, correct and complete and includes all ancehorses and other relevant data required to be reported which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this report at 12:01 a.m. on January 1, 20  OWNERSHIP TYPE (4) Proprietorship Partnership Interesting the person named as the assessee in this report at 12:01 a.m. on January 1, 20  NAME OF ASSESSEE OR AUTHORIZED AGENT*  NAME OF ASSESSEE OR AUTHORIZED AGENT*  NAME OF INTERESTING PROPRIED  NAME OF INTERE	PERSON OR CORPORATION NAME		RANCH OR STABLE NAME (DBA)		
LIST ALL BOARDED RACEHORSES AT THIS LOCATION AS DF 12:01 a.m. ON JANUARY 1, 20  File a separate report for each location at which you boarded racehorses for others.  A B B C OWNER'S NAME OWNER'S ADDRESS  (include stallions, broodmajor: yearlings, and horses in training)  DECLARATION BY ASSESSEE  Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties.  I declare under penalty of perjury under the laws of the State of California that I have examined this report, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it is true, correct and complete and includes all inachorses and other relevant data required to be reported which is owned, claimed, possessed, controlled, or managed by the person named as the assesses in this report at 12:01 a.m. on January 1, 20  OWNERSHIP  TYPE (4)  Proprietorship Partnership NAME OF ASSESSEE OR AUTHORIZED AGENT* (hyped or printed)  NAME OF ASSESSEE OR AUTHORIZED AGENT* (hyped or printed)  NAME OF ASSESSEE OR AUTHORIZED AGENT* (hyped or printed)  NAME OF ASSESSEE OR AUTHORIZED AGENT* (hyped or printed)  NAME OF ASSESSEE OR AUTHORIZED AGENT* (hyped or printed)  NAME OF ASSESSEE OR AUTHORIZED AGENT* (hyped or printed)  NAME OF ASSESSEE OR AUTHORIZED AGENT* (hyped or printed)  NAME OF ASSESSEE OR AUTHORIZED AGENT* (hyped or printed)  NAME OF ASSESSEE OR AUTHORIZED AGENT* (hyped or printed)  NAME OF ASSESSEE OR AUTHORIZED AGENT* (hyped or printed)  NAME OF ASSESSEE OR AUTHORIZED AGENT* (hyped or printed)  NAME OF ASSESSEE OR AUTHORIZED AGENT* (hyped or printed)  NAME OF ASSESSEE OR AUTHORIZED AGENT* (hyped or printed)  NAME OF ASSESSEE OR AUTHORIZED AGENT* (hyped or printed)  NAME OF ASSESSEE OR AUTHORIZED AGENT* (hyped or printed)  NAME OF ASSESSEE OR AUTHORIZED AGENT* (hyped or printed)  NAME OF ASSESSEE OR AUTHORIZED AGENT* (hyped or printed)  NAME OF ASSESSEE OR AUTHORIZED AGENT* (hyped or printed)  NAME OF ASSESSEE OR AUTHORIZED AGENT* (hyped or printed)	MAILING ADDRESS (city, state, zip code)				
File a separate report for each location at which you boarded racehorses for others.    NAME OF FACEHORSE (Include stallons, broodynames, NUMBER)   NUMBER	ADDRESS OF THIS LOCATION (street, city,	state, zip code)	SCHOOL D	STRICT OR TAX-RATE NUMBER OR ASSESSOR'S PARCEL NUMBER	
NAME OF RACEHORSE (include stallions, broodmates, pearlings, and horses in training)  DECLARATION BY ASSESSEE  DECLARATION BY ASSESSEE  DECLARATION BY ASSESSEE  Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties.  I declare under penalty of perjury under the laws of the State of California that I have examined this report, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it is true, correct and complete and includes all prochorses and other relevant data required to be reported which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this report at 12:01 a.m. on January 1, 20  OWNERSHIP TYPE (4)  Proprietorship Proprietorship Corporation  NAME OF RESEASEE OR AUTHORIZED AGENT* (typed or printed)  FEDERAL EMPLOYER ID NUMBER  TITLE  HAME OF RESEASE OR AUTHORIZED AGENT* (typed or printed)  FEDERAL EMPLOYER ID NUMBER  TITLE  TITLE  PROPRIETOR OF THE PROPRIETOR AGENT* (typed or printed)  FEDERAL EMPLOYER ID NUMBER					
Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties.  I declare under penalty of perjury under the laws of the State of California that I have examined this report, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it is true, correct and complete and includes all racehorses and other relevant data required to be reported which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this report at 12:01 a.m. on January 1, 20  OWNERSHIP TYPE (4)  Proprietorship Partnership NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)  NAME OF LEGAL ENTITY (other than DBA) (typed or printed)  FEDERAL EMPLOYER ID NUMBER  THE FUNDS NUMBER	NAME OF RACEHO	DRSE REGISTRATION BREED DATE OF ARRIVAL		·	
Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties.  I declare under penalty of perjury under the laws of the State of California that I have examined this report, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it is true, correct and complete and includes all racehorses and other relevant data required to be reported which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this report at 12:01 a.m. on January 1, 20  OWNERSHIP TYPE (4)  Proprietorship Partnership Corporation  TITLE  NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)  FEDERAL EMPLOYER ID NUMBER  THE FOLIOUS NUMBER  THE FOLIOUS NUMBER					
Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties.  I declare under penalty of perjury under the laws of the State of California that I have examined this report, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it is true, correct and complete and includes all racehorses and other relevant data required to be reported which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this report at 12:01 a.m. on January 1, 20  OWNERSHIP TYPE (4)  Proprietorship Partnership NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)  NAME OF LEGAL ENTITY (other than DBA) (typed or printed)  FEDERAL EMPLOYER ID NUMBER  THE FUNDS NUMBER					
Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties.  I declare under penalty of perjury under the laws of the State of California that I have examined this report, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it is true, correct and complete and includes all racehorses and other relevant data required to be reported which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this report at 12:01 a.m. on January 1, 20  OWNERSHIP TYPE (4)  Proprietorship Partnership NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)  NAME OF LEGAL ENTITY (other than DBA) (typed or printed)  FEDERAL EMPLOYER ID NUMBER  THE FUNDS NUMBER			ADATION DV ACCECCEE		
TYPE (4)  Proprietorship Partnership Corporation	Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties.  I declare under penalty of perjury under the laws of the State of California that I have examined this report, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it is true, correct and complete and includes all racehorses and other relevant data required to be reported which is owned, claimed, possessed, controlled,				
Proprietorship		-		DATE	
Corporation     OPERATOR NAME AND ADDRESS (Fund a project of )				TITLE	
Other Department of the properties of the p		NAME OF LEGAL ENTITY (other than DBA) (typed or printed)		FEDERAL EMPLOYER ID NUMBER	
	Other	PREPARER'S NAME AND ADDRESS (typed or printed)	TELEPHONE NUMBER	TITLE	

\* Agent: See back for Declaration by Assessee instructions.

THIS STATEMENT SUBJECT TO AUDIT



# INSTRUCTIONS FOR COMPLETING ANNUAL REPORT OF BOARDED RACEHORSES

This report pertains only to racehorses as defined below:

Racehorse means each live horse, including a stallion, mare, gelding, ridgeling, colt, filly, or foal, that is or will be eligible to participate in or produce foals which will be eligible to participate in a horseracing contest in California wherein parimutuel racing is permitted under rules and regulations prescribed by the California Horse Racing Board. Racehorse does not mean or include any horse over three years old, or over four years old in the case of an Arabian horse, that has not participated in a horserace contest on which parimutuel wagering is permitted or has not been used for breeding purposes in order to produce racehorses during the 24 months preceding the current calendar year.

The following instructions are to be observed in completing this report. They are lettered to correspond with the numbers at the head of the columns on the front of the report.

### NAME AND MAILING ADDRESS

NAME (PERSON OR CORPORATION)

If the name is preprinted, check the spelling and correct any error. In the case of an individual, enter the last name first, then the first name and initial, Partnerships must enter at least two names, showing the last name, first name, and middle initials for each partner. Corporation names should be complete so they will not be confused with fictitious or DBA (Doing Business As) names.

DBA OR FICTITIOUS NAME

Enter the DBA name under which you are operating at this ranch. This may be a ranch or stable name.

MAILING ADDRESS

Enter the mailing address of the legal entity above. This may be either a street address or a post office box number. It may differ from the actual location of the horses. Include the city, state, and zip code.

Enter the street or road address of the location at which the horses are boarded. Also enter the elementary or unified school district name or TAX-RATE AREA CODE NUMBER or PARCEL NUMBER of this ranch. If this information is preprinted, please check it for accuracy and correct any error.

COLUMN A. List by name all racehorses which were boarded at your ranch at 12:01 a.m. on January 1. If unnamed, so state.

COLUMN B. Show each horse's registration number. If a horse is not registered, so state.

COLUMN C. Show the breed by abbreviations as follows: Thoroughbreds (T.B.), Quarter (Q.H.), Standardbred (Std. B.), Appaloosa

(App.), or Arabian (Ar.).

COLUMN D. Show the date each boarded racehorse arrived at this location.

COLUMN E. Show the name of each owner of racehorses that are boarded at your ranch.

COLUMN F. Show the address of each owner of boarded racehorses.

## **DECLARATION BY ASSESSEE**

The law requires that this report, 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 County may at any time require a person who signs a production report and who is required to have written authorization to provide proof of authorization.

A report 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 reports.

