EF-571-M-R06-0806-27000359-1 BOE-571-M (FRONT) REV. 6 (8-06)

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

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.

١.	NAME AND MAILING ADDRESS	(Make necessary corrections to the printed name and mailing address
	Г	

TELEPHONE NUMBER



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

from other information ir required by Code section 4c contained herein will be had disclosed only to the discode section 408. Attached 1. NAME AND MAILING AL	Assessor's Office to estimate the value of your prop its possession and add a penalty of 10 percent 53. This statement is not a public document. The informateld secret by the Assessor (Code section 451); it car trict attorney, grand jury, and other agencies specifies schedules are considered to be part of the statement. DDRESS (Make necessary corrections to the printed name of the pr	as titon be d in e and mailing address.)	2. LOCATION OF THE PROPERTY: (File a separate statement for each locatic Street Address City 3. DO YOU OWN THE LAND AT THIS LOCAT Yes No If yes, is the name on your deed recorded as shown on this statement. 4. LOCAL PHONE NUMBER E-Mail Address (optional) VETERANS: Are you filing a claim for veterans' exemply yes No If yes, a separate "Claim for Veterans' Exemply with Assessor on or before February 15.	ION? Yes No otion?	
DESC	CRIPTION OF PROPERTY DATE A		REMARKS	ASSESSOR'S USE ONLY	
5. SUPPLIES	XXX	X			
6. EQUIPMENT	XXX				
a. Total cost of all equ	uipment held on January 1, last year X X X	Х			
h Equipment acquire	ed since January 1, last year X X X	x x x x x			
D. Equipment acquire	A A A	^			
c. Equipment dispose	ed of since January 1, last year X X X	X X X X X			
	uipment held on January 1, this year X X X	X			
7. OTHER (describe)	THOU DI MIDDOVENE PARTY.				
8. BUILDINGS OR LEASEHOLD IMPROVEMENTS: (describe additions and retirements in detail) MONTH & YEAR					
INSTRUCTIONS:			TOTAL FULL		
Line 5. Enter the cost of you			VALUE		
be entered on line of	ns acquired or disposed of since January 1 o <mark>f la</mark> st year. Addi <mark>tio</mark> d may be computed by adding the figures f <mark>or li</mark> nes a and b <mark>and</mark>	subtracting the figure for line c.	DEDSONAL PRODERTY		
Line 7. Enter the date acqu tached.	ired, cost, and description of any other personal property at t	nis location. Additional sheets may be	e at-		
	nd show the cost of all additions and retirements to your buildir or landlord during the year being reported. Do not repeat items		ts to (IMPROVEMENTS)		
	DECLARATION BY A		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		
Proprietorship	I declare under penalty of perjury under the law have examined this property statement, incl	ules, COMPUTED			
Corporation	statements or other attachments, and to the bestrue, correct, and complete and includes all p	t of my knowledge and belief roperty required to be repo	it is rted APPRAISED		
Other	which is owned, claimed, possessed, controlled, as the assessee in this statement at 12:01 a.m. on	or managed by the person nai	med REVIEWED		
SIGNATURE OF ASSESSEE OR AU		DATE	POSTED TO:		
>					
NAME OF ASSESSEE OR AUTHOR	RIZED AGENT* (typed or printed)	TITLE			
		1			

TAX AREA CODE: BUS. CODE:

THIS STATEMENT SUBJECT TO AUDIT

FEDERAL EMPLOYER ID NUMBER

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.

