EF-571-M-R06-0806-32000180-1 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.



Cynthia L. Froggatt **Plumas County Assessor**

1 Crescent Street Quincy, CA 95971 Phone: 530-283-6380 Fax: (530) 283-6195

2. LOCATION OF THE PROPERTY:

CindieFroggatt@countyofplumas.com

(File a separate statement for each location)

oue section 400. Attached	scricules are considered to	be part of the statement.		Sti	eet Address									
. NAME AND MAILING AD	DDRESS (Make necessary co	ry												
If y					O YOU OWN THE LAND AT THIS LOCATION?									
					yes, is the name on your deed corded as shown on this statement. ☐ Yes ☐ No									
								4. LC					OCAL PHONE NUMBER()	
												E-1	Mail Address (optional)	
, VETEI														
L				Ar	e you filing a claim for veterans' exe	emption?								
angible property owned, cl	aimed, posse <mark>sse</mark> d, controlled	, or managed by you at this lo	ocation at 12:01 a.m., Januar		Yes No									
ne year being reported. Inv To not report property eligil		xation and should not be rep	ported for 1980 and future	11-3	es, a separate "Claim for Veterans' E	•								
				wi	th Assessor on or before February 1	5.								
DESC	RIPTION OF PROPERTY	DATE AC	(0)		REMARKS	ASSESSOR'S								
QU						USE ONLY								
5. SUPPLIES X X X														
6. EQUIPMENT X X X X			X X X X											
a. Total cost of all equ	st year XXXX	X												
b. Equipment acquired since January 1, last year X X X X			X X X X X											
c. Equipment disposed of since January 1, last year X X X X			X XXXX											
d. Total cost of all equ	uipment held on January 1, th	is year X X X X	x											
7. OTHER (describe)														
8. BUILDINGS OR LEASE	HOLD IMPROVEMENTS:													
	id retirements in detail)	MONTH & Y	/EAR											
NSTRUCTIONS:					TOTAL FULL									
ine 5. Enter the cost of you ine 6. List individually item	e January 1 of last year. Addition	aal shoots may be attached Th	o figuro to	VALUE										
	subtracting the figure for line		PERSONAL PROPERTY											
ine 7. Enter the date acqui tached.	ny other pe <mark>rso</mark> nal property <mark>at t</mark> h	nis location. Additional sheets	may be at-											
ine 8. Describe in detail an	gs, or to your leasehold improv	ements to	FIXTURES (IMPROVEMENTS)											
the buildings of you	r landlord during the year being	g reported. Do not repeat items			,									
	SSESSEE		PROCESSING DATA											
OWNERSHIP Note: The following declaration mus			st be completed and		OPERATION BY	DATE								
` '	TYPE (4) signed. If you do not do so, it may result in penalties.				ANALYZED									
oprietorship				COMPUTED										
\sqcup statements or other attachments, and to the best of my knowledge and belief it is														
orporation 🗆	ration true, correct, and complete and includes all property required to be reported				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				REVIEWED										
IGNATURE OF ASSESSEE OR AU	THORIZED AGENT*		DATE		POSTED TO:									
IAME OF ASSESSEE OR AUTHOR		TITLE												
IAME OF LEGAL ENTITY (other than DBA) (typed or printed)			FEDERAL EMPLOYER ID NUMBER		TAX AREA CODE:									
					BUS. CODE:									
REPARER'S NAME AND ADDRESS (typed or printed) TELEPHONE NUMBER			TITLE											
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \													

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.

