EF-571-R-R26-0523-34000094-1 BOE-571-R (P1) REV. 26 (05-23)

## APARTMENT HOUSE PROPERTY STATEMENT FOR 2024

(Declaration of costs and other related property information as of 12:01 A.M., January 1, 2024)
RETURN THIS ORIGINAL FORM. COPIES WILL NOT BE ACCEPTED.

### **FILE RETURN BY APRIL 1, 2024**

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



# CHRISTINA WYNN SACRAMENTO COUNTY ASSESSOR

COMMERCIAL DIVISION 3636 American River Drive, Suite 200 Sacramento, CA 95864-5952 Phone (916) 876-6840 FAX (916) 876-6751 https://assessor.saccounty.gov

Immited liability company, etc.) acquire a "controlling interest" (see instructions for definition) in this business entity?	ı				ļ				
Do you live in one of the units?								•	• • • • • • • • • • • • • • • • • • • •
Fax Number	L				Ц	2. E	nter the tota	Do you live	n one of the units?
International Address    Comparison   Compar	ocal Talanhana Number		Eav Numbo	r				L Yes L	No
TREET   GITY   STATE   ZP   The property of th	· · · · · · · · · · · · · · · · · · ·		Tax Numbe			lf 2.5	yes, enter t	he unit number	200 th b D b 04
TREET OIN STATE ZP CONTROLL (1) BE ADMINISTRATION OF SCRIPTION STATE AND THE DESIGN OF SECRET CONTROLL OF STATE BUSINESS OF PROPERTY  NAME AND ADDRESS OF OWNER OF SUCH PROPERTY  ASSESSOR'S USE ONLY  SUPPRINCES  ON IT SEE SUPPRINCE OF SUCH PROPERTY  OUANITY AND DESCRIPTION  ASSESSOR'S USE ONLY  ASSESSOR'S USE ONLY  TOTAL FULL VALUE  PERSONAL PROPERTY  FITTURES  OTHER PROVEMENTS  LAND  TOTAL FULL VALUE  PERSONAL PROPERTY  FITTURES  OTHER PROVEMENTS  LAND		Ill related accounting	records (include z	ip code):				eriod of January 1, 2	2023 through December 31,
RREFULLY READ AND FOLLOW THE ACCOMPANYING INSTRUCTIONS:  1. If you no longer own this property as of January 1 of this year, show the name and mailing address of the new owner.    Mailing Address	TREET		CITY	ST		- (1 -	limited lia interest" (	bility company, etc.	acquire a "controlling
AREFULLY READ AND FOLLOW THE ACCOMPANYING INSTRUCTIONS:  1. If you no longer own this property as of January 1 of this year, show the name and mailing address of the new owner:  Name	nter name and telephone number of	authorized person t	o contact at locatio	if of accounting fect	orus.		,	□ No	_
1. If you no longer own this property as of January 1 of this year, show the name and mailing address of the new owner:    Name						- (2			ty also own "real property" (see
Mailing Address   Sizement of Clinage in Control and Ownership of Legal Entitles. In the State Board of Equalization. See instructions for filing requirements.  4. Do any other individuals, partnerships or corporations do business or own personal property (other than household furniture and personal effects of your tenants) located on your premises?   Ves   No if yes, list below.  NAME AND ADDRESS OF OWNER OF SUCH PROPERTY   NATURE OF THE BUSINESS OR PROPERTY   ASSESSOR'S USE ONLY  5. Do you hold furniture or equipment belonging to others on a loan; rental, or lease basis?   Size ONLY  6. ENTER BELOW the number of fully furnished, partly furnished (e.g., stoves and refrigerators, not built-in), and unfurnished units. Also complete Schedule A. Do not include, either here or in Schedule A), any unit in which you live.  5. LP ROOM   STUDIO   1 BEDRM.   2 BEDRM.   3 BEDRM.   LARGER  FULLY FURNISHED   SIZP ROOM   STUDIO   1 BEDRM.   2 BEDRM.   3 BEDRM.   LARGER  FULLY FURNISHED   SIZP ROOM   STUDIO   1 BEDRM.   2 BEDRM.   3 BEDRM.   LARGER   SIZP ROOM   STUDIO   SIZP ROOM   STUDIO   SIZP ROOM   STUDIO   SIZP ROOM   SIZP R	If you no longer own this property.				ng address of the ne	w	acquisitio	n?	California at the time of the
Mailing Address	Name					(3			
City and State	Mailing Address							1 '	
4. Do any other individuals, partnerships or corporations do business or own personal property (other than household furniture and personal effects of your tenants) located on your personies?				Zin Ondo					
NAME AND ADDRESS OF OWNER OF SUCH PROPERTY    ASSESSOR'S USE ONLY	Do any other individuals, partner	erships or corporation	ns do business or o	·	ty (other than house	hold fur	niture and p	ersonal effects of ye	our tenants) located on your
ASSESSOR'S USE ONLY    Solid   Solid   Section   Section	·	-							<del>.</del>
NAME AND ADDRESS OF OWNER OF SUCH PROPERTY.  G. ENTER BELOW the number of fully furnished, partly furnished (e.g., stoves and refrigerators, not built-in), and unfurnished units. Also complete Schedule A. Do not include, either here or in Schedule A] any unit in which you live.  SLP. ROOM STUDIO 1 BEDRM. 2 BEDRM. 3 BEDRM. LARGER  FULLY FURNISHED  PARTLY FURNISHED  UNFURNISHED  UNFURNISHED  TOTALS  Supplies  Cost  Enter From Schedule A  Other furniture and appliances  Enter From Schedule B  TOTAL FULL VALUE  PERSONAL PROPERTY  FIXTURES  OTHER IMPROVEMENTS  LAND	NAME AND ADDRESS OF O	WNER OF SUCH P	ROPERTY	NA	TURE OF THE BUS	SINESS	OR PROPE	ERTY	
6. ENTER BELOW the number of fully furnished, partly furnished (e.g., stoves and refrigerators, not built-in), and unfurnished units. Also complete Schedule A. Do not include, either here or in Schedule A. any unit in which you live.    SLP. ROOM    STUDIO    1 BEDRM.   2 BEDRM.   3 BEDRM.   LARGER			ners on a loan, ren	tal, or lease basis?					
Schedule A. Do not include, either here or in Schedule A, any unit in which you live.    SLP. ROOM   STUDIO   1 BEDRM.   2 BEDRM.   3 BEDRM.   LARGER	NAME AND ADDRESS OF O	WNER OF SUCH P	ROPERTY		QUANTITY AN	D DESC	RIPTION		
Schedule A. Do not include, either here or in Schedule A, any unit in which you live.    SLP. ROOM									
Schedule A. Do not include, either here or in Schedule A, any unit in which you live.    SLP. ROOM									
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PARTLY FURNISHED UNFURNISHED TOTALS TOTALS Cost Enter From Schedule A 9. Other furniture and equipment Enter From Schedule B TOTAL FULL VALUE PERSONAL PROPERTY FIXTURES OTHER IMPROVEMENTS LAND		SLP. ROOM	STUDIO	1 BEDRM.	2 BEDRM.	3 B	EDRM.	LARGER	
UNFURNISHED TOTALS 7. Supplies Cost 8. Furniture and appliances 9. Other furniture and equipment 10.  TOTAL FULL VALUE PERSONAL PROPERTY FIXTURES OTHER IMPROVEMENTS LAND	FULLY FURNISHED								
TOTALS  7. Supplies Cost  8. Furniture and appliances Enter From Schedule A  9. Other furniture and equipment Enter From Schedule B  10.  TOTAL FULL VALUE PERSONAL PROPERTY FIXTURES OTHER IMPROVEMENTS LAND	PARTLY FURNISHED								
7. Supplies Cost 8. Furniture and appliances Enter From Schedule A 9. Other furniture and equipment Enter From Schedule B 10. TOTAL FULL VALUE PERSONAL PROPERTY FIXTURES OTHER IMPROVEMENTS LAND	UNFURNISHED								
8. Furniture and appliances 9. Other furniture and equipment Enter From Schedule B  10.  TOTAL FULL VALUE PERSONAL PROPERTY FIXTURES OTHER IMPROVEMENTS LAND	TOTALS								
8. Furniture and appliances 9. Other furniture and equipment Enter From Schedule B  10.  TOTAL FULL VALUE PERSONAL PROPERTY FIXTURES OTHER IMPROVEMENTS LAND	7. Supplies					Cost			
TOTAL FULL VALUE PERSONAL PROPERTY FIXTURES OTHER IMPROVEMENTS LAND	Furniture and appliances				Enter From Sche	edule A			
TOTAL FULL VALUE  PERSONAL PROPERTY  FIXTURES  OTHER IMPROVEMENTS  LAND	Other furniture and equipment				Enter From Sche	edule B			
TOTAL FULL VALUE  PERSONAL PROPERTY  FIXTURES  OTHER IMPROVEMENTS  LAND	10.								
PERSONAL PROPERTY  FIXTURES  OTHER IMPROVEMENTS  LAND									
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FIXTURES OTHER IMPROVEMENTS LAND									
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LAND						$\dashv$			
			THIS	STATEMENT SUE	BJECT TO AUDIT				

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**SCHEDULES OF DEPRECIABLE PROPERTY — SCHEDULES A and B.** Items may be listed separately within the year of acquisition on a separate schedule, or items may be grouped by year of acquisition and listed on the schedules below. If you purchased the property as a unit, report on Schedules A & B the previous owner's original cost by the original year of acquisition of the furniture and equipment that was included in your purchase.

Enter the total installed cost including freight, excise taxes, and sales and use taxes of all furniture, and other equipment located on the premises. **Include fully depreciated items**. Do not include licensed vehicles. Depreciation schedules may be attached if they provide the desired information.

do not include built-ins)			OD'S LISE ONLY	Year of	pool, vending, signs, fire extinguishers)			
Year of Acquisition	Original Installed Cost	FOR ASSESSOR'S USE ONLY		Acquisition	Original Installed Cost	FOR ASSESSOR'S USE ONLY		
·	(NOT depreciated book value)	Factor	Value		(NOT depreciated book value)	Factor	Value	
2023				2023				
2022				2022				
2021				2021				
2020				2020				
2019				2019				
2018				2018				
2017				2017				
2016				2016				
2015				2015				
2014				2014				
2013 & prior				2013 & prior				
OTAL COST				TOTAL COS				
nter on line 8	, page 1.			Enter on line	9, page 1.			
REMARKS:				Λ				
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#### **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 property statement, 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 property required to be reported 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, 2024.

OWNERSHIP TYPE (☑)		SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*	DATE	
		NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)	TITLE	
Proprietorship				
Partnership		NAME OF LEGAL ENTITY (other than DBA) (typed or printed)	FEDERAL EMPLOYER ID NUMBER	
Corporation				
Other	_ 🗆	PREPARER'S NAME AND ADDRESS (typed or printed)	TELEPHONE NUMBER	TITLE

\*Agent: See page 3 for Declaration by Assessee instructions.



#### **INSTRUCTIONS**

The Revenue and Taxation Code of the State of California requires that every person, upon request of the Assessor, shall file a written property statement under penalty of perjury with the Assessor within such time as the Assessor may appoint. Please complete this form according to the numbered instructions provided below as your statement of furnishings and related equipment owned, possessed or controlled by you as of 12:01 a.m., January 1, this year at the location listed. Property which you are purchasing under a conditional sales contract must be included. **Return the completed statement form to the Assessor on or before the date stated in the official requirement section.** In all instances, you must return the original BOE-571-R.

#### LINE 3. PROPERTY TRANSFER

**Real Property** – For purposes of reporting a change in control, real property includes land, structures, or fixtures owned or held under lease from (1) a private owner if the remaining term of the lease exceeds 35 years, including written renewal options, (2) a public owner (any arm or agency of local, state, or federal government) for any term or (3) mineral rights owned or held on lease for any term, whether in production or not.

**Controlling Interest –** When any person or legal entity obtains more than 50 percent of the voting stock of a corporation, or more than a 50 percent ownership interest in any other type of legal entity. The interest obtained includes what is acquired directly or indirectly by a parent or affiliated entity.

**Forms, Filing Requirements & Penalty Information –** Contact the Legal Entity Ownership Program Section at 916-274-3410 or refer to the Board's website at <a href="https://www.boe.ca.gov">www.boe.ca.gov</a> to obtain form BOE-100-B, applicable filing requirements, and penalty information.

- LINE 4. Check the appropriate box. If **yes** is checked, enter the name and address of the owner of the furniture or equipment. Briefly describe the nature of the business or property. **Do not** report household furnishings owned by tenants and used in their living quarters, or other personal property owned or controlled by tenants.
- LINE 5. Check the appropriate box. If **yes** is checked, enter the name and address of the owner or lessor and the quantity and description of the furniture or equipment. The lessor of the items will be asked to declare them.
- LINE 6. Enter the number of fully furnished, partly furnished, and unfurnished units in the appropriate column or columns. If the owner of the building (other than a corporation) occupies a unit as his living quarters, do not include it. Please indicate in the REMARKS area the items contained in a typical PARTLY FURNISHED apartment of each size. A sleeping room is a room with no kitchen facilities; a studio contains a kitchen and a convertible living room; a 1 bedrm. contains a bedroom, living room, kitchen, etc. Attach additional sheets if necessary.
- LINE 7. Enter the cost of supplies that are on hand at 12:01 a.m. on January 1 of this year. Include janitorial and pool supplies, whether carried in your asset accounts or expensed.
- LINES 8 and 9. Enter the total cost from Schedules A and B.
- SCHEDULE A. Complete the schedule as instructed. If a portion of the furniture used in your rental units has been placed in storage, include the cost in the schedule and enter in the remarks the address where stored. **Do not** include built-in appliances, installed carpeting, or drapes as furniture; such items are considered part of the building. **Include** ranges, refrigerators, dishwashers, etc., if not built-in.
- SCHEDULE B. Complete the schedule as instructed. Include all equipment not reported in Schedule A. If you care to attach a schedule listing types of equipment separately, you may do so.

#### **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.

THIS STATEMENT IS NOT A PUBLIC DOCUMENT. THE INFORMATION DECLARED WILL BE HELD SECRET BY THE ASSESSOR.

