BOE-571-D (P1) REV. 25 (05-23)

## SUPPLEMENTAL SCHEDULE FOR REPORTING MONTHLY ACQUISITIONS AND DISPOSALS OF PROPERTY REPORTED ON SCHEDULE B OF THE BUSINESS PROPERTY STATEMENT



Tom J. Slavich San Benito County Assessor 440 Fifth St. Rm. 108 Hollister, CA 95023-3893 Tel: 831-636-4030 Fax: 831-636-4033 www.cosb.us/government/assessor

OWNER NAME

MAILING ADDRESS

LOCATION OF PROPERTY

## INSTRUCTIONS

Report all acquisitions and disposals reported in Columns 1, 2, 3, or 4 on Schedule B for the period January 1, 2023 through December 31, 2023. Indicate the applicable column number in the space provided.

**ADDITIONS** — Describe and enter the total acquisition cost(s), including excise, sales, and use taxes, freight-in, and installation charges, by month of acquisition; transfers-in should also be included. The former property address and date of transfer should be reported, as well as original date and cost(s) of acquisition.

Only completed projects should be reported here (e.g., the date the property becomes functional and/or operational, otherwise it should be reported as construction-in-progress).

Identify completed construction that was reported as construction-in-progress on your 2023 property statement. Describe the item(s) and cost(s), as previously reported, on a separate schedule and attach to BOE-571-D.

**DISPOSALS** — Information on this property should include the disposal date, method of disposal (transfer, scrapped, abandoned, sold, etc.) and names and addresses of purchasers when items are either sold or transferred.

|                          |   | ADDITIONS   |      |                          |                                      |                  | DISPOSALS   |      |
|--------------------------|---|-------------|------|--------------------------|--------------------------------------|------------------|-------------|------|
| FROM<br>COLUMN<br>NUMBER | ENTER MONTH<br>& YEAR OF<br>ACQUISITION | DESCRIPTION | COST | FROM<br>COLUMN<br>NUMBER | ENTER MONTH<br>& YEAR OF<br>DISPOSAL | YEAR<br>ACQUIRED | DESCRIPTION | COST |
|                          |   |             |      |                          |                                      |                  |             |      |
|                          |   |             |      |                          |                                      |                  |             |      |
|                          |   |             |      |                          |                                      |                  |             |      |
|                          |   |             |      |                          |                                      |                  |             |      |
|                          |   |             |      |                          |                                      |                  |             |      |
|                          |   |             |      |                          |                                      |                  |             |      |
|                          |   |             |      |                          |                                      |                  |             |      |
|                          |   |             |      |                          |                                      |                  |             |      |
|                          |   |             |      |                          |                                      |                  |             |      |
|                          |   |             |      |                          |                                      |                  |             |      |
|                          |   |             |      |                          |                                      |                  |             |      |
|                          |   |             |      |                          |                                      |                  |             |      |
|                          |   |             |      |                          |                                      |                  |             |      |
|                          |   |             |      |                          |                                      |                  |             |      |
|                          |   |             |      |                          |                                      |                  |             |      |
|                          |   |             |      |                          |                                      |                  |             |      |
|                          |   |             |      |                          |                                      |                  |             |      |
|                          |   |             |      |                          |                                      |                  |             |      |
|                          |   |             |      |                          |                                      |                  |             |      |
|                          |   |             |      |                          |                                      |                  |             |      |
|                          |   |             |      |                          |                                      |                  |             |      |
|                          |   |             |      |                          |                                      |                  |             |      |

THIS STATEMENT SUBJECT TO AUDIT



## EF-571-D-R25-0523-35000102-2

## BOE-571-D (P2) REV. 25 (05-23)

| ADDITIONS                |   |             |      |                          | DISPOSALS                            |                  |             |      |  |  |
|--------------------------|---|-------------|------|--------------------------|--------------------------------------|------------------|-------------|------|--|--|
| FROM<br>COLUMN<br>NUMBER | ENTER MONTH<br>& YEAR OF<br>ACQUISITION | DESCRIPTION | COST | FROM<br>COLUMN<br>NUMBER | ENTER MONTH<br>& YEAR OF<br>DISPOSAL | YEAR<br>ACQUIRED | DESCRIPTION | COST |  |  |
|                          |   |             |      |                          |                                      |                  |             |      |  |  |
|                          |   |             |      |                          |                                      |                  |             |      |  |  |
|                          |   |             |      |                          |                                      |                  |             |      |  |  |
|                          |   |             |      |                          |                                      |                  |             |      |  |  |
|                          |   |             |      |                          |                                      |                  |             |      |  |  |
|                          |   |             |      |                          |                                      |                  |             |      |  |  |
|                          |   |             |      |                          |                                      |                  |             |      |  |  |
|                          |   |             |      |                          |                                      |                  |             |      |  |  |
|                          |   |             |      |                          |                                      |                  |             |      |  |  |
|                          |   |             |      |                          |                                      |                  |             |      |  |  |
|                          |   |             |      |                          |                                      |                  |             |      |  |  |
|                          |   |             |      |                          |                                      |                  |             |      |  |  |
|                          |   |             |      |                          |                                      |                  |             |      |  |  |
|                          |   |             |      |                          |                                      |                  |             |      |  |  |
|                          |   |             |      |                          |                                      |                  |             |      |  |  |
|                          |   |             |      |                          |                                      |                  |             |      |  |  |
|                          |   |             |      |                          |                                      |                  |             |      |  |  |
|                          |   |             |      |                          |                                      |                  |             |      |  |  |
|                          |   |             |      |                          |                                      |                  |             |      |  |  |
|                          |   |             |      |                          |                                      |                  |             |      |  |  |
|                          |   |             |      |                          |                                      |                  |             |      |  |  |
|                          |   |             |      |                          |                                      |                  |             |      |  |  |
|                          |   |             |      |                          |                                      |                  |             |      |  |  |
|                          |   |             |      |                          |                                      |                  |             |      |  |  |
|                          |   |             |      |                          |                                      |                  |             |      |  |  |
| REMARK                   | (S·                                     |             |      |                          |                                      |                  |             |      |  |  |
|                          |   |             |      |                          |                                      |                  |             |      |  |  |
|                          |   |             |      |                          |                                      |                  |             |      |  |  |
|                          |   |             |      |                          |                                      |                  | Ī           |      |  |  |

