## \_ 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.

**Josie Gonzales** Assessor-Recorder-County Clerk

County of San Bernardino Assessor's Office

222 W. Hospitality Lane - 4th Floor San Bernardino, CA 92415-0311 www.sbcounty.gov/arc

Phone: (909) 387-8307 Toll Free: (877) 885-7654

(File a separate statement for each location)

2. LOCATION OF THE PROPERTY:

Code section 408. Attached	schedules are considered to	be part of the statement.		St	reet Address			
1. NAME AND MAILING AD	ODRESS (Make necessary co	rrections to the printed name	and mailing address.)	_ Ci	ty			
				3. <u>D</u>	O YOU OWN THE LAND	AT THIS LOCATION	?	
					Yes No			
					yes, is the name on you			
					corded as shown on th			
					OCAL PHONE NUMBER			
				E-	Mail Address (optional			
					RANS:			
_					re you filing a claim for Yes No	veterans' exemption	ነ?	
the year being reported. In	ventories are exempt from to	d, or managed by you at this logarity and should not be rep	oorted for 1980 and future	-	」Yes □ I No yes, a separate "Claim f	or Votorans' Evompti	on" form must be filed	
Do not report property eligi	ble for this exemption.			11	ith Assessor on or befo		on form must be med	
		DATE AC				C. Cordary 151	ACCECCODIC	
DESC	CRIPTION OF PROPERTY	DATE AC QUIRED			RÉMARKS		ASSESSOR'S USE ONLY	
5. SUPPLIES		XXXX					OSE OIVEI	
6. EQUIPMENT		XXXX						
•	uipment held on January 1, la							
	in the strategy if it	7.7.1						
h Equipment acquire	ed since January 1, last year	X X X X	X XXXX					
- Equipment dequire	ed since surroury 17 last year		A A A A					
c Fauinment dispose	ed of since January 1, last yea	ır XXXX	x xxxx					
- Equipment disposi	ed of since sandary 1, last yet	W A A A	X					
d Total cost of all equ	uipment held on January 1, t	nis year X X X X	x					
7. OTHER (describe)	aipment neid on Jundary 1, c	no yeur	^					
	EHOLD IMPROVEMENTS:							
	nd retirements in detail)	MONTH & Y	'EAR					
					1			
INSTRUCTIONS:					TOTAL FULL VALUE			
Line 5. Enter the cost of you Line 6. List individually item		e January 1 o <mark>f la</mark> st year. Add <mark>itio</mark> r	nal sheets may be attached. T	he figure to	VALOE			
		the figures f <mark>or li</mark> nes a and b <mark>and</mark> : ny other personal property <mark>at</mark> th			PERSONAL PROPER	TY		
tached.	irea, cost, and description of a	ny other personal property at th	iis location. Additional sneets	тау ре ас-	FIXTURES			
		and retirements to your building reported. Do not repeat items		vements to	(IMPROVEMENTS)			
the buildings of you	in landiord during the year bein	DECLARATION BY AS			PROCESSING DATA			
OWNERSHIP	NatarTha				OPERATION	BY		
TYPE (4)	signed.	following declaration mus If you do not do so, it may	result in penalties.			ВТ	DATE	
Proprietorship	s of the State of Califo	rnia that I	ANALYZED .					
Partnership	uding accompanying s t of my knowledge and		COMPUTED .					
Corporation	roperty required to be	reported	APPRAISED .					
Other	or managed by the pers	on named	REVIEWED .					
SIGNATURE OF ASSESSEE OR AU		tatement at 12:01 a.m. on	DATE					
SIGNATURE OF ASSESSEE OR AU	I HUKIZED AGEN I*		DAIE		POSTED TO:			
NAME OF ASSESSEE OR AUTHOR	RIZED AGENT* (typed or printed)		TITLE					
NAME OF LEGAL ENTITY (other t	han DBA) (typed or printed)		FEDERAL EMPLOYER ID NUMBER		TAX AREA CODE:			
			BUS. CODE:					
PREPARER'S NAME AND ADDRES	TITLE							

THIS STATEMENT SUBJECT TO AUDIT



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<sup>\*</sup>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.

