_ 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 district attorage, grand juty, and other agencies specified in disclosed only Code section 40

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

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

2. LOCATION OF THE PROPERTY:

	strict attorney, grand jury, and other ager d schedules are considered to be part of the s		d in		ile a separate statement for each location reet Address	
1. NAME AND MAILING A	DDRESS (Make necessary corrections to the	printed name	e and mailing address.)		ity	
					O YOU OWN THE LAND AT THIS LOCATION	DN?
					Yes No	
					yes, is the name on your deed	
				re	corded as shown on this statement.	Yes No
				4. L0	OCAL PHONE NUMBER()	
				E-	Mail Address (optional)	
1					RANS:	
L				A	re you filing a claim for veterans' exempti	on?
	claimed, posse <mark>sse</mark> d, controll <mark>ed, or managed b</mark> eventories are exempt from taxation and sho				Yes No	
o not report property elig	jible for this exemption.	uid flot be le	eported for 1980 and fate	1	yes, a separate "Claim for Veterans' Exemp	otion" form must be filed
		_		W	ith Assessor on or before February 15.	
DES	CRIPTION OF PROPERTY	DATE AC	(0)		REMARKS	ASSESSOR'S USE ONLY
5. SUPPLIES		XXX	Х			
6. EQUIPMENT		XXX	X X X X X			,
a. Total cost of all eq	uipment held on January 1, last year	XXX	X			
b. Equipment acquir	red since January 1, last year	XXX	X X X X X			
c. Equipment dispos	sed of since January 1, last year	XXX	X XXXX			
d. Total cost of all eq	quipment held on January 1, this year	XXX	X			
7. OTHER (describe)						
	EHOLD IMPROVEMENTS:					
	and retirements in detail)	MONTH &	YEAR			
ISTRUCTIONS:					TOTAL FULL VALUE	
ne 5. Enter the cost of youne 6. List individually ite	our supplies. Ims acquired or disposed of since January 1 of las	t vear. Additio	nal sheets may be attached	d. The figure to	VALUE	
be entered on line	d may be computed by adding the figures for line	es a and b and	subtracting the figure for I	ine c.	PERSONAL PROPERTY	
ne 7. Enter the date acqu tached.	uired, cost, and description of any other pe <mark>rson</mark> al	property at th	his location. Additional she	ets may be at-	FIXTURES	
	and show the cost of all additions and retirements				(IMPROVEMENTS)	
the buildings of you	ur landlord during the year being reported. Do no	TION BY A		b.	PROCESSING D	\
OWNEDCLIED						
OWNERSHIP TYPE (4)	ist be completed and result in penalties.		OPERATION BY	DATE		
oprietorship	I declare under penalty of perjury ur		•	ifornia that I	ANALYZED	_
have examined this property statement, including ac				schedules,	COMPUTED	
statements or other attachments, and to the best of my knowledge and belief					APPRAISED	
	which is owned, claimed, possessed,	controlled,	or managed by the pe	erson named		
ther L	as the assessee in this statement at 12	2:01 a.m. on	January 1, 20		REVIEWED	_
GNATURE OF ASSESSEE OR AU	DATE		POSTED TO:			
NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)			TITLE			
2						
NAME OF LEGAL ENTITY (other than DBA) (typed or printed)			FEDERAL EMPLOYER ID NUI	MBER	TAX AREA CODE:	_
			PLIS CODE:			

PREPARER'S NAME AND ADDRESS (typed or printed)

THIS STATEMENT SUBJECT TO AUDIT

TITLE



TELEPHONE NUMBER

)

^{*}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.



