EF-263-R12-0617-47000174-1 BOE-263 (P1) REV. 12 (06-17)

### **LESSORS' EXEMPTION CLAIM**

PROPERTY USED FOR FREE PUBLIC LIBRARIES AND FREE MUSEUMS, AND PROPERTY USED EXCLUSIVELY FOR PUBLIC SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, UNIVERSITY OF CALIFORNIA, CHURCHES, AND NONPROFIT COLLEGES

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



# Craig S. Kay Siskiyou County Assessor-Recorder

311 Fourth Street, Room 108 Yreka, CA 96097-2984 Telephone (530) 842-8036

This claim must be filed with the Assessor

|  | by February 15.   |  |  |
|--|---|--|--|
| IDENTIFICATION OF APPLICANT  |   |  |  |
| LESSOR'S CORPORATE OR ORGANIZATION NAME  |   |  |  |
| MAILING ADDRESS  | 7.\ A   |  |  |
| CITY, STATE, ZIP CODE  |   |  |  |
| CORPORATE ID (IF ANY)  |   |  |  |
| IDENTIFICATION OF PROPERTY ADDRESS OF PROPERTY (NUMBER AND STREET) CITY, COUNTY, ZIP CODE  | FISCAL YEAR OF CLAIM 20 20  ASSESSOR'S PARCEL NUMBER                                    |  |  |
| USE OF PROPERTY  Check and state the primary and incidental qualifying   | y uses of the property.   |  |  |
| The exemption claim is made for the following property: (if there are numerous property and the name   | properties, please attach a list that clearly identifies the and address of the lessee) |  |  |
| PROPERTY TYPE PRIMARY USE  | INCIDENTAL USE  |  |  |
| Land   |   |  |  |
| ☐ Buildings and Improvements   |   |  |  |
| Personal Property  |   |  |  |
| NAME OF QUALIFYING LESSEE INSTITUTION  |   |  |  |
| MAILING ADDRESS  | CITY, STATE, ZIP CODE   |  |  |
| Yes No The lease confers upon the lessee the exclusive right to posses and free museums, the statute does not require "exclusive" use  |   |  |  |
| Yes No Property in this claim for exemption will be reported by the lessor on a business property statement submitted to the Assessor (See instructions for property statement filing requirements.) |   |  |  |
| Yes No An affidavit is attached in which the lessee declares it exclusive be submitted by the lessor with the property statement.  | ly uses the property for exempt purposes. If <b>No</b> , the affidavit will             |  |  |
| CERTIFICATIO   | N   |  |  |
| I certify (or declare) under penalty of perjury under the laws of the State of California accompanying statements or documents, is true and corre  |   |  |  |
| SIGNATURE OF PERSON MAKING CLAIM   | DATE  |  |  |
| NAME OF DEPOSITATION OF A PARTY.   |   |  |  |
| NAME OF PERSON MAKING CLAIM  | TITLE   |  |  |
| EMAIL ADDRESS  | DAYTIME TELEPHONE  ( )  |  |  |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



#### **INSTRUCTIONS FOR FILING LESSORS' EXEMPTION CLAIM**

#### **IMPORTANT NOTICE**

A qualifying institution is one whose property is **used for** free public libraries and free museums, and for property **used exclusively for** public schools, community colleges, state colleges, state universities, University of California, churches, and nonprofit colleges.

Failure to submit the lessee's affidavit will result in denial of the exemption for the lessor. Submission of the lessee's affidavit after the date the claim form is due (for taxpayers not required to file a property statement) or after the last day for filing the lessor's property statement without penalty under section 463 of the Revenue and Taxation Code (for taxpayers required to file a property statement) will result in a portion of the exemption being denied. A Lessee's Affidavit is not required for free public library or free museum exemption.

A sample affidavit is included as page 3 of this form.

#### IDENTIFICATION OF APPLICANT

Enter your company or organization information.

#### **FISCAL YEAR**

The fiscal year for which an exemption is sought must be entered correctly. The proper fiscal year follows the lien date (12:01 a.m., January 1) as of which the taxable or exempt status of the property is determined. For example, a person filing a timely claim in February 2017 would enter "2017-2018" on line five of the claim; a "2016-2017" entry on a claim filed in February 2017 would signify that a late claim was being filed for the preceding fiscal year. The lease must be in effect and the property in use on lien date of the fiscal year for which the exemption is sought. Lessors' Exemptions cannot be prorated based on the commencement date of the lease.

#### **USES OF PROPERTY**

Check each of the types of property being claimed, and state the primary and incidental uses of the property.

Enter the name and address of the lessee. If additional space is required, or if more than one lessee is being listed, attach an itemized list.

Confirm, by checking the appropriate box, that the lease confers upon the lessee the **exclusive** right to possession and use of the property, except for free public libraries and free museums.

Check the appropriate box regarding property statement reporting. If you own taxable personal property in any county whose aggregate cost is \$100,000 or more for any assessment year, you must file a property statement with the Assessor of that county whether or not specifically requested to do so. Any person not otherwise required to file a statement shall do so upon request of the Assessor, regardless of aggregate cost.

Check the appropriate box to indicate whether the affidavit is attached or will be submitted with the property statement.

If the property, or a portion thereof, for which exemption is claimed is a student bookstore that generates unrelated business taxable income as defined in section 512 of the Internal Revenue Code, property taxes are determined by establishing a ratio of the unrelated business taxable income to the bookstore's gross income.

### **PROPERTY TAX BENEFITS**

Property tax benefits claimed herein must be passed on to the lessee in the form of:

- (1) Reduction in rental payments (sections 202.2 and 206.2, Revenue and Taxation Code).
- (2) Refund of rental payments, if paid (sections 202.2 and 206.2, Revenue and Taxation Code).
- (3) Claim by lessee under the provisions of section 5096, Revenue and Taxation Code, for a refund of taxes paid by a lessor (section 202.2, Revenue and Taxation Code).

**Note:** Where the lessee files a claim for an exemption and reports leased property, such property will be allowed the exemption if used in an exempt manner.



EF-263-R12-0617-4700017-

## RETURN THIS AFFIDAVIT TO LESSOR

## AFFIDAVIT FOR EXECUTION BY QUALIFYING INSTITUTIONAL LESSEES

| NAME OF QUALIFYING LESSEE II  | NSTITUTION   |   |   |
|---|--|---|---|
| MAILING ADDRESS   |  |   |   |
| CITY, STATE, ZIP CODE   |  |   |   |
| Check the type of qualifying  | ng exclusive use of the pro  | pperty  |   |
| PUBLIC SCHOO  | 'L   | ☐ STATE UNIVERSITY  | ☐ NONPROFIT COLLEGE   |
| COMMUNITY CO  | OLLEGE   | UNIVERSITY OF CALIFORNIA  |   |
| ☐ STATE COLLEG  | E  | CHURCH  |   |
| NAME OF LESSOR  |  |   |   |
| MAILING ADDRESS  CITY, STATE, ZIP CODE  |  |   |   |
| CITT, STATE, ZIP CODE   |  |   |   |
| COMMENCEMENT DATE OF LEAS   | 3E   | DATE PROPERTY PUT TO E  | XEMPT USE   |
| etc. Attach a separate listing in the property TYPE (REAL OR PERSONAL)  Yes No The property If Yes, is the If Yes, the property Yes No The property | described herein, or a por congregation of the church operty or portion thereof so           | rtion thereof, is used by a church for parking put, religious denomination, or sect greater than so used is not eligible for exemption.   | rposes. 500 members?  Yes No  |
| If <b>Yes</b> , a cop   | y of the institution's most  | recent tax return filed with the Internal Revenutablishing a ratio of the unrelated business t  |   |
|   |  | CERTIFICATION   |   |
| exemption must go to thi<br>I certify (or declare) under per<br>accomp  | is institution by way of a re<br>nalty of perjury under the la<br>panying statements or docu | exemption on the above property leased to this duction in rental payments or a refund in an an aws of the State of California that the foregoing uments, is true and correct to the best of my kn | nount equal to the reduction in taxes.<br>and all information hereon, including any |
| SIGNATURE OF PERSON MAKING CLA  | iM   |   | DATE  |
| NAME OF PERSON MAKING CLAIM   |  |   | TITLE   |
| EMAIL ADDRESS   |  |   | DAYTIME TELEPHONE  ( )  |

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