EF-571-M-R06-0806-47000180-1 BOE-571-M (FRONT) REV. 6 (8-06)

## \_ 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

| 1. | NAME AND MAILING ADDRESS | (Make necessary corrections to the printed name and mailing address.)   |  |  |  |  |
|----|--------------------------|---|--|--|--|--|
|    | ı                        |   |  |  |  |  |
|    |                          |   |  |  |  |  |
|    |                          |   |  |  |  |  |
|    |                          |   |  |  |  |  |
|    |                          |   |  |  |  |  |
|    | L .                      |   |  |  |  |  |
|    |                          | possessed, controlled, or managed by you at this location at 12: <mark>01</mark> a.m., Janua<br>s are exempt from taxation and should not be reported for 1980 and future |  |  |  |  |

Craig S. Kay Siskiyou County Assessor-Recorder

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

| equired by Code section 403. This statement is not a jontained herein will be held secret by the Assessc isclosed only to the district attorney, grand jury, ode section 408. Attached schedules are considered to | OCATION OF THE PROPERTY:<br>ile a separate statement for each location) |  |                     |  |                                       |                        |
|--|---|--|---------------------|--|---------------------------------------|------------------------|
| . NAME AND MAILING ADDRESS (Make necessary c   |   | reet Address   |                     |  |                                       |                        |
| . NAME AND MAILING ADDRESS (Make necessary c   | e and mailing address.)   | The state of the s |                     |  |                                       |                        |
|  | OCAL PHONE NUMBER()   |  |                     |  |                                       |                        |
|  |   |  |                     | Mail Address (optional)  |                                       |                        |
|  |   |  |                     | viaii Address (optionai)<br>RANS:  |                                       |                        |
| angible property owned, claimed, possessed, controlled the year being reported. Inventories are exempt from the onot report property eligible for this exemption.  | d, or managed by you at this l<br>taxation and should not be re         | ocation at 12:01 a.m., Jan<br>ported for 1980 and futu   | uary 1 of re years. | e you filing a claim for<br>Yes No<br>Yes, a separate "Claim for<br>th Assessor on or before | or Vet <mark>era</mark> ns' Exemption |                        |
| DESCRIPTION OF PROPERTY  | DATE A  | (0)\$1   |                     | REMARKS  |                                       | ASSESSOR'S<br>USE ONLY |
| 5. SUPPLIES  | XXX   | X  |                     |  |                                       |                        |
| 6. EQUIPMENT   | XXX   | X X X X X  |                     |  |                                       |                        |
| a. Total cost of all equipment held on January 1,  | ast year X X X  | Х  |                     |  |                                       |                        |
| b. Equipment acquired since January 1, last year   | X X X   | X X X X X  |                     |  |                                       |                        |
|  |   |  |                     |  | -                                     |                        |
|  |   |  |                     |  |                                       |                        |
| c. Equipment disposed of since January 1, last ye  | ar X X X  | X X X X X  |                     |  |                                       |                        |
|  |   |  |                     |  |                                       |                        |
| d. Total cost of all equipment held on January 1,  | this year X X X   | Х  |                     |  |                                       |                        |
| 7. OTHER (describe)  |   |  |                     |  |                                       |                        |
| 8. BUILDINGS OR LEASEHOLD IMPROVEMENTS: (describe additions and retirements in detail)   | MONTH &   | YEAR   |                     |  |                                       |                        |
|  |   |  |                     |  |                                       |                        |
|  |   |  |                     |  |                                       |                        |
| NSTRUCTIONS:   |   |  |                     | TOTAL FULL   |                                       |                        |
| ine 5. Enter the cost of your supplies.  |   |  |                     | VALUE  |                                       |                        |
| ine 6. List individually items acquired or disposed of sin<br>be entered on line d may be computed by adding<br>ine 7. Enter the date acquired, cost, and description of   | subtracting the figure for li   | ne c.  | PERSONAL PROPER     | ТҮ   |                                       |                        |
| tached.  | ,   | FIXTURES   |                     |  |                                       |                        |
| ine 8. Describe in detail and show the cost of all addition<br>the buildings of your landlord during the year bei  |   |  |                     | (IMPROVEMENTS)   |                                       |                        |
|  | DECLARATION BY A  | SSESSEE  |                     | PROCESSING DATA  |                                       |                        |
| OWNERSHIP Note: The TYPE (4) signed  | st be completed and result in penalties.                                |  | OPERATION           | ВҮ   | DATE                                  |                        |
| roprietorship  | vs of the State of Cali   | fornia that I  | ANALYZED _          |  |                                       |                        |
| artnership have examined this statements or other at   | uding accompanying  | schedules,   | COMPUTED _          |  |                                       |                        |
| orporation     true, correct, and con  | property required to  | be reported  | APPRAISED _         |  |                                       |                        |
| which is owned, claim as the assessee in this:   | REVIEWED _  |  |                     |  |                                       |                        |
| IGNATURE OF ASSESSEE OR AUTHORIZED AGENT*  | DATE  |  | POSTED TO:          |  |                                       |                        |
| IAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)   | TITLE   |  |                     |  |                                       |                        |
| IAME OF LEGAL ENTITY (other than DBA) (typed or printed)   | FEDERAL EMPLOYER ID NUMBER TAX AREA CODE:                               |  |                     |  |                                       |                        |
| REPARER'S NAME AND ADDRESS (typed or printed)  | TITLE   |  | BUS. CODE:          |  |                                       |                        |

THIS STATEMENT SUBJECT TO AUDIT



<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.



