

**Cheri Budmark** Modoc County Assessor 204 Sout Court Street, Suite 106 Alturas, CA 96101 ) 233-6218

> FISCAL YEAR OF CLAIM 20 - 20

| LESSORS' EXEMPTION CLAIM  |  | 14          |                                     | , CA 96101<br>(530) 233-6218                        |                  |
|---|--|-------------|-------------------------------------|---|------------------|
| PROPERTY USED FOR FREE PUBLIC LIB<br>FREE MUSEUMS, AND PROPERTY <b>USED</b><br><b>FOR</b> PUBLIC SCHOOLS, COMMUNITY CON<br>COLLEGES, STATE UNIVERSITIES, UNIVE<br>CALIFORNIA, CHURCHES, AND NONPROF | EXCLUSIVELY<br>LLEGES, STATE<br>RSITY OF | CILIFORNIA  | Fax: (5                             | (330) 233-6237<br>30) 233-6237<br>or@co.modoc.ca.us | 3                |
| NAME AND MAILING ADDRESS<br>(Make necessary corrections to the printed name and   | mailing address)                         | Г           |                                     |   |                  |
| L   |  |             | nis claim must bo<br>/ February 15. | e filed with the                                    | Assessor         |
| IDENTIFICATION OF APPLICANT   |  |             |                                     |   |                  |
| LESSOR'S CORPORATE OR ORGANIZATION NAME   |  |             |                                     |   |                  |
| MAILING ADDRESS   |  |             |                                     |   |                  |
| CITY, STATE, ZIP CODE   |  |             |                                     |   |                  |
| CORPORATE ID (IF ANY)   |  |             |                                     |   |                  |
| IDENTIFICATION OF PROPERTY  |  |             |                                     |   |                  |
| ADDRESS OF PROPERTY (NUMBER AND STREET)   |  |             |                                     |   | FISCAL YEAR (    |
| CITY, COUNTY, ZIP CODE  |  |             |                                     | ASSESSOR'S PARCE                                    | EL NUMBER        |
| <b>USE OF PROPERTY</b> Check and state the The exemption claim is made for the following p  | roperty: (if there are n                 | umerous pro |                                     |   | ∕ identifies the |
| PROPERTY TYPE   | PRIMA                                    | RY USE      |                                     | INCIDENT  | AL USE           |
| Land  |  |             |                                     |   |                  |
| Buildings and Improvements  |  |             |                                     |   |                  |
| Personal Property   |  |             |                                     |   |                  |
| NAME OF QUALIFYING LESSEE INSTITUTION   |  |             | 1                                   |   |                  |
| MAILING ADDRESS   |  |             | CITY, S                             | TATE, ZIP CODE                                      |                  |

ZIP CODE Yes No The lease confers upon the lessee the exclusive right to possession and use of the property, except that for free public libraries 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 exclusively uses the property for exempt purposes. If No, the affidavit will be submitted by the lessor with the property statement.

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true and correct to the best of my knowledge and belief.

| SIGNATURE OF PERSON MAKING CLAIM | DATE                  |
|----------------------------------|-----------------------|
|                                  |                       |
| 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 2011 would enter "2011-2012" on line four of the claim; a "2010-2011" entry on a claim filed in February 2011 would signify that a late claim was being filed for the preceding fiscal year.

### **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.



#### RETURN THIS AFFIDAVIT TO LESSOR

# AFFIDAVIT FOR EXECUTION BY QUALIFYING INSTITUTIONAL LESSEES

| NAME OF QUALIFYING LES                          | SSEE INSTITUTION   |  |   |
|---|--|--|---|
| MAILING ADDRESS                                 |  |  |   |
| CITY, STATE, ZIP CODE                           |  |  |   |
| ✓ Check the type of q                           | ualifying exclusive use                                  | of the property  |   |
|   | CHOOL  | STATE UNIVERSITY   | NONPROFIT COLLEGE   |
| COMMUNITY COLLEGE                               |  | UNIVERSITY OF CALIFORNIA   |   |
| STATE COLLEGE                                   |  |  |   |
| MAILING ADDRESS                                 |  |  |   |
| CITY, STATE, ZIP CODE                           |  |  |   |
| DATE LEASE SIGNED                               |  |  | COMMENCEMENT DATE OF LEASE  |
|   | THE AS   | SSESSOR MAY REQUEST A COPY OF THE LEASE AGREE  |   |
| The following property i                        | s leased as of January                                   | 1 of this year. If personal property is being leased,  | indicate the type, make, model, serial numbe  |
| etc. Attach a separate li                       | sting if necessary.                                      |  |   |
| PROPERTY TYPE<br>(REAL OR PERSONAL)             | PROPERTY DESCRIPTION                                     |  |   |
|   |  |  |   |
|   |  |  |   |
|   |  |  |   |
|   |  |  |   |
|   |  |  |   |
|   |  |  |   |
|   |  |  |   |
|   |  |  |   |
| If Yes,   | is the congregation of the                               | , or a portion thereof, is used by a church for parkin<br>he church, religious denomination, or sect greater t<br>thereof so used is not eligible for exemption.   |   |
|   |  | eof, is a student bookstore that generates unrelated   | business taxable income as defined in section   |
|   | the Internal Revenue C                                   | ode.<br>n's most recent tax return filed with the Internal Re  | wenue Service must accompany this affiday   |
|   | ty taxes are determine                                   | by establishing a ratio of the unrelated busine  |   |
|   |  | CERTIFICATION  |   |
| exemption must go<br>I certify (or declare) und | o to this institution by we<br>ler penalty of perjury un | perty tax exemption on the above property leased to<br>ay of a reduction in rental payments or a refund in a<br>oder the laws of the State of California that the foreg<br>ts or documents, is true and correct to the best of m | n amount equal to the reduction in taxes.<br>Joing and all information hereon, including an |
| SIGNATURE OF PERSON MAKI                        | NG CLAIM   | DATE   |   |
| NAME OF PERSON MAKING CL                        | AIM  | TITLE  |   |
| EMAIL ADDRESS                                   |  |  | DAYTIME TELEPHONE   |
|   |  | CUMENT IS SUBJECT TO PUBLIC INSPI  |   |
|   | 1 HIS DU   | CONILINI IS SUBJECT TO FUBLIC INSPI  |   |
|   |  |  |   |
|   | EF-263-R11-0512-25000614                                 |  |   |