

**APARTMENT HOUSE PROPERTY****STATEMENT FOR 2023**

(Declaration of costs and other related property information as of 12:01 A.M., January 1, 2023)

RETURN THIS ORIGINAL FORM. COPIES WILL NOT BE ACCEPTED.

**FILE RETURN BY APRIL 1, 2023**

NAME AND MAILING ADDRESS

(Make necessary corrections to the printed name and mailing address.)

**Deva Marie Proto****Sonoma County Clerk-Recorder-Assessor**

585 Fiscal Dr., Rm 104

Santa Rosa, CA 95403-2872

Telephone: (707) 565-1888

FAX: (707) 565-3317

sonomacounty.ca.gov/assessor

LOCATION OF THE PROPERTY (street, city)  
(file a separate statement for each location)

2. Enter the total number of units for the location listed.

Do you live in one of the units?

☐ Yes ☐ NoIf **yes**, enter the unit number

3. During the period of January 1, 2022 through December 31, 2022:

(1) Did any individual or legal entity (corporation, partnership, limited liability company, etc.) acquire a "controlling interest" (see instructions for definition) in this business entity?

☐ Yes ☐ No

(2) If YES, did this business entity also own "real property" (see instructions for definition) in California at the time of the acquisition?

☐ Yes ☐ No

(3) If YES to both questions (1) and (2), filer must submit form BOE-100-B, Statement of Change in Control and Ownership of Legal Entities, to the State Board of Equalization. See instructions for filing requirements.

Local Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

Enter location of general ledger and all related accounting records (include zip code):

| STREET | CITY | STATE | ZIP |
|--------|------|-------|-----|
|        |      |       |     |

Enter name and telephone number of authorized person to contact at location of accounting records:

**CAREFULLY READ AND FOLLOW THE ACCOMPANYING INSTRUCTIONS.**

1. If you no longer own this property as of January 1 of this year, show the name and mailing address of the new owner:

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City and State \_\_\_\_\_ Zip Code \_\_\_\_\_

4. Do any other individuals, partnerships or corporations do business or own personal property (other than household furniture and personal effects of your tenants) located on your premises? ☐ Yes ☐ No If **yes**, list below.

| NAME AND ADDRESS OF OWNER OF SUCH PROPERTY   |           | NATURE OF THE BUSINESS OR PROPERTY |          |          |          | ASSESSOR'S USE ONLY |  |
|--|-----------|------------------------------------|----------|----------|----------|---------------------|--|
|  |           |                                    |          |          |          |                     |  |
|  |           |                                    |          |          |          |                     |  |
| 5. Do you hold furniture or equipment belonging to others on a loan, rental, or lease basis?<br><input type="checkbox"/> Yes <input type="checkbox"/> No If <b>yes</b> , list below.   |           |                                    |          |          |          |                     |  |
| NAME AND ADDRESS OF OWNER OF SUCH PROPERTY   |           | QUANTITY AND DESCRIPTION           |          |          |          |                     |  |
|  |           |                                    |          |          |          |                     |  |
|  |           |                                    |          |          |          |                     |  |
|  |           |                                    |          |          |          |                     |  |
|  |           |                                    |          |          |          |                     |  |
|  |           |                                    |          |          |          |                     |  |
| 6. ENTER BELOW the number of fully furnished, partly furnished (e.g., stoves and refrigerators, not built-in), and unfurnished units. Also complete Schedule A. <b>Do not</b> include, either here or in Schedule A, any unit in which you live. |           |                                    |          |          |          |                     |  |
|  | SLP. ROOM | STUDIO                             | 1 BEDRM. | 2 BEDRM. | 3 BEDRM. | LARGER              |  |
| FULLY FURNISHED  |           |                                    |          |          |          |                     |  |
| PARTLY FURNISHED   |           |                                    |          |          |          |                     |  |
| UNFURNISHED  |           |                                    |          |          |          |                     |  |
| TOTALS   |           |                                    |          |          |          |                     |  |
| 7. Supplies _____ Cost _____   |           |                                    |          |          |          |                     |  |
| 8. Furniture and appliances _____ Enter From Schedule A  |           |                                    |          |          |          |                     |  |
| 9. Other furniture and equipment _____ Enter From Schedule B   |           |                                    |          |          |          |                     |  |
| 10. _____  |           |                                    |          |          |          |                     |  |
| TOTAL FULL VALUE   |           |                                    |          |          |          |                     |  |
| PERSONAL PROPERTY  |           |                                    |          |          |          |                     |  |
| FIXTURES   |           |                                    |          |          |          |                     |  |
| OTHER IMPROVEMENTS   |           |                                    |          |          |          |                     |  |
| LAND   |           |                                    |          |          |          |                     |  |

**THIS STATEMENT SUBJECT TO AUDIT**

Enter the total installed cost including freight, excise taxes, and sales and use taxes of all furniture, and other equipment located on the premises. **Include fully depreciated items.** Do not include licensed vehicles. Depreciation schedules may be attached if they provide the desired information.

| SCHEDULE A FURNITURE AND APPLIANCES (include items in storage; do not include built-ins) |   |                         |       | SCHEDULE B OTHER FURNITURE AND EQUIPMENT (office, lobby, laundry, pool, vending, signs, fire extinguishers) |   |                         |       |
|--|---|-------------------------|-------|---|---|-------------------------|-------|
| Year of Acquisition  | Original Installed Cost<br>(NOT depreciated book value) | FOR ASSESSOR'S USE ONLY |       | Year of Acquisition   | Original Installed Cost<br>(NOT depreciated book value) | FOR ASSESSOR'S USE ONLY |       |
|  |   | Factor                  | Value |   |   | Factor                  | Value |
| 2022   |   |                         |       | 2022  |   |                         |       |
| 2021   |   |                         |       | 2021  |   |                         |       |
| 2020   |   |                         |       | 2020  |   |                         |       |
| 2019   |   |                         |       | 2019  |   |                         |       |
| 2018   |   |                         |       | 2018  |   |                         |       |
| 2017   |   |                         |       | 2017  |   |                         |       |
| 2016   |   |                         |       | 2016  |   |                         |       |
| 2015   |   |                         |       | 2015  |   |                         |       |
| 2014   |   |                         |       | 2014  |   |                         |       |
| 2013   |   |                         |       | 2013  |   |                         |       |
| 2012<br>& prior  |   |                         |       | 2012<br>& prior   |   |                         |       |
| TOTAL COST \$ _____<br>Enter on line 8, page 1.  |   |                         |       | TOTAL COST \$ _____<br>Enter on line 9, page 1.   |   |                         |       |

REMARKS:

**DECLARATION BY ASSESSEE**

*I declare under penalty of perjury under the laws of the State of California that I have examined this property statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it is true, correct, and complete and includes all property required to be reported which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 2023.*

|   |  |  |                            |
|---|--|--|----------------------------|
| OWNERSHIP<br>TYPE (✓)                   | SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*               |  | DATE                       |
|   | NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed) |  | TITLE                      |
| Proprietorship <input type="checkbox"/> | NAME OF LEGAL ENTITY (other than DBA) (typed or printed) |  | FEDERAL EMPLOYER ID NUMBER |
| Partnership <input type="checkbox"/>    | PREPARER'S NAME AND ADDRESS (typed or printed)           |  | TITLE                      |
| Corporation <input type="checkbox"/>    | TELEPHONE NUMBER<br>(      )                             |  |                            |
| Other _____ <input type="checkbox"/>    |  |  |                            |



## INSTRUCTIONS

The Revenue and Taxation Code of the State of California requires that every person, upon request of the Assessor, shall file a written property statement under penalty of perjury with the Assessor within such time as the Assessor may appoint. Please complete this form according to the numbered instructions provided below as your statement of furnishings and related equipment owned, possessed or controlled by you as of 12:01 a.m., January 1, this year at the location listed. Property which you are purchasing under a conditional sales contract must be included. **Return the completed statement form to the Assessor on or before the date stated in the official requirement section.** In all instances, you must return the original BOE-571-R.

### LINE 3. PROPERTY TRANSFER

**Real Property** – For purposes of reporting a change in control, real property includes land, structures, or fixtures owned or held under lease from (1) a private owner if the remaining term of the lease exceeds 35 years, including written renewal options, (2) a public owner (any arm or agency of local, state, or federal government) for any term or (3) mineral rights owned or held on lease for any term, whether in production or not.

**Controlling Interest** – When any person or legal entity obtains more than 50 percent of the voting stock of a corporation, or more than a 50 percent ownership interest in any other type of legal entity. The interest obtained includes what is acquired directly or indirectly by a parent or affiliated entity.

**Forms, Filing Requirements & Penalty Information** – Contact the Legal Entity Ownership Program Section at 916-274-3410 or refer to the Board's website at [www.boe.ca.gov](http://www.boe.ca.gov) to obtain form BOE-100-B, applicable filing requirements, and penalty information.

**LINE 4.** Check the appropriate box. If **yes** is checked, enter the name and address of the owner of the furniture or equipment. Briefly describe the nature of the business or property. **Do not** report household furnishings owned by tenants and used in their living quarters, or other personal property owned or controlled by tenants.

**LINE 5.** Check the appropriate box. If **yes** is checked, enter the name and address of the owner or lessor and the quantity and description of the furniture or equipment. The lessor of the items will be asked to declare them.

**LINE 6.** Enter the number of fully furnished, partly furnished, and unfurnished units in the appropriate column or columns. If the owner of the building (other than a corporation) occupies a unit as his living quarters, do not include it. Please indicate in the **REMARKS** area the items contained in a typical PARTLY FURNISHED apartment of each size. A *sleeping room* is a room with no kitchen facilities; a *studio* contains a kitchen and a convertible living room; a *1 bedrm.* contains a bedroom, living room, kitchen, etc. Attach additional sheets if necessary.

**LINE 7.** Enter the cost of supplies that are on hand at 12:01 a.m. on January 1 of this year. Include janitorial and pool supplies, whether carried in your asset accounts or expensed.

**LINES 8 and 9.** Enter the total cost from Schedules A and B.

**SCHEDULE A.** Complete the schedule as instructed. If a portion of the furniture used in your rental units has been placed in storage, include the cost in the schedule and enter in the remarks the address where stored. **Do not** include built-in appliances, installed carpeting, or drapes as furniture; such items are considered part of the building. **Include** ranges, refrigerators, dishwashers, etc., if not built-in.

**SCHEDULE B.** Complete the schedule as instructed. **Include** all equipment not reported in Schedule A. If you care to attach a schedule listing types of equipment separately, you may do so.

### 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.

**THIS STATEMENT IS NOT A PUBLIC DOCUMENT. THE INFORMATION DECLARED  
WILL BE HELD SECRET BY THE ASSESSOR.**

