EF-571-M-R06-0806-53000555-1 BOE-571-M (FRONT) REV. 6 (8-06)

MISCELLANEOUS PROPERTY STATEMENT 20

OFFICIAL REQUIREMENT

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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 disclosed only to the district attorney, grand jury, and other agencies specified in Code section 408. Attached schedules are considered to be part of the statement.

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

Shanna White County Clerk-Recorder-Assessor

P.O. Box 1255 Weaverville, CA 96093 Phone: (530) 623-1257 Fax: (530) 623-8398 assessor@trinitycounty.org

| | 2. | LOCATION OF THE PROPERTY: |
|---|----|---|
| | | (File a separate statement for each location) |
| | | Street Address |
| | | City |
| 1 | 3. | DO YOU OWN THE LAND AT THIS LOCATION? |

| 🗋 Yes 🛄 No | |
|---|----------|
| If yes, is the name on your deed | |
| recorded as shown on this statement. \Box | Yes 🗌 No |

4. LOCAL PHONE NUMBER __ (

E-Mail Address (optional)

VETERANS:

1

Are you filing a claim for veterans' exemption?

Yes No

If yes, a separate "Claim for Veterans' Exemption" form must be filed with Assessor on or before February 15.

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Tangible property owned, claimed, possessed, controlled, or managed by you at this location at 12:01 a.m., January 1 of the year being reported. Inventories are exempt from taxation and should not be reported for 1980 and future years. Do not report property eligible for this exemption.

| DESC | CRIPTION OF PROPERTY | DATE AC- QUIRED | COST | | REMARKS | ASSESSOR'S USE ONLY | |
|---|---|--|---|-------------------------------|--|------------------------|-----|
| 5. SUPPLIES | | X X X X | | | | | |
| 6. EQUIPMENT | X X X X | X X X X | | | | | |
| a. Total cost of all equ | uipment held on January 1, last yea | r XXXX | | | | | |
| | | | | | | | |
| b. Equipment acquire | ed since January 1, last year | X X X X | X X X X | | | | |
| | | | | | | | |
| | | | | | | | |
| c. Equipment dispos | X X X X | X X X X | | | | | |
| | | | | | | | |
| | uipment held on January 1, this yea | r XXXX | | | | | |
| 7. OTHER (describe) | | | | | | | |
| 8. BUILDINGS OR LEASE (describe additions ar | MONTH & YEA | R | | | | | |
| | | | | | | | |
| | | | | | | | |
| be entered on line of Line 7. Enter the date acquitached. Line 8. Describe in detail ar | ns acquired or disposed of since Janu d may be computed by adding the fig ired, cost, and description of any othe | ures for lines a and b and sub er personal property at this le etirements to your buildings, | this location. Additional sheets may be at- ings, or to your leasehold improvements to | | TOTAL FULL VALUE PERSONAL PROPEF FIXTURES (IMPROVEMENTS) | RTY | |
| | D | ECLARATION BY ASSE | SSEE | PROCESSING D | | | ATA |
| OWNERSHIP TYPE (4) | wing declaration must b do not do so, it may res | be completed and sult in penalties. | | OPERATION ANALYZED | DATE | | |
| Proprietorship 🗌 Partnership 🗌 | I declare under penalty of p have examined this prope statements or other attachm | rty statement, includi ients, and to the best o | ng accompanying f my knowledge ar | schedules, nd belief it is | COMPUTED | | |
| Corporation | and includes all prop pssessed, controlled, or i | | | APPRAISED | | | |
| Other | ent at 12:01 a.m. on Jar | | | REVIEWED | | · | |
| SIGNATURE OF ASSESSEE OR AU | THORIZED AGENT* | DA | DATE | | POSTED TO: | | |
| NAME OF ASSESSEE OR AUTHOR | ווד | TITLE | | | | | |
| NAME OF LEGAL ENTITY (other t | FE | FEDERAL EMPLOYER ID NUMBER | | TAX AREA CODE: | | - | |
| PREPARER'S NAME AND ADDRES | SS (typed or printed) TELEI (| PHONE NUMBER TIT | LE | | BUS. CODE: | | |

*Agent: see back for Declaration by Assessee instructions.

THIS STATEMENT SUBJECT TO AUDIT



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.

