



SHELLY SCOTT
ASSESSOR-RECORDER-COUNTY CLERK
 BUSINESS DIVISION
 PO Box C, Civic Center Branch
 San Rafael, CA 94913
 PH (415) 473-7208
 FAX (415) 473-6542
 www.marincounty.org

BUSINESS PROPERTY STATEMENT FOR 2023

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

FILE RETURN BY APRIL 1, 2023

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

LOCATION OF THE BUSINESS PROPERTY
 STREET
 CITY

RETURN THIS ORIGINAL FORM. COPIES WILL NOT BE ACCEPTED.
 FILE A SEPARATE STATEMENT FOR EACH LOCATION.

PART I: GENERAL INFORMATION

COMPLETE (a) THRU (g)

- a. Enter type of business: _____
- b. Enter local telephone number _____ FAX number _____
 Email Address _____
- c. Do you own the land at this business location? Yes No
 If **yes**, is the name on your deed recorded as shown on this statement? Yes No
- d. When did you start business at this location? DATE: _____
 If your business name or location has changed from last year, enter the former name and/or location: _____
- e. Enter location of general ledger and all related accounting records (include zip code): _____

- f. Enter name and telephone number of authorized person to contact at location of accounting records: _____
- g. 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.

PART II: DECLARATION OF PROPERTY BELONGING TO YOU
(attach schedule for any adjustment to cost)

- 1. Supplies
- 2. Equipment *(From line 35)*
- 3. Equipment out on lease, rent, or conditional sale to others *(Attach Schedule)*
- 4. Bldgs., Bldg. Impr., and/or Leasehold Impr., Land Impr., Land *(From line 71)*
- 5. Construction In Progress *(Attach Schedule)*
- 6. Alternate Schedule A *(See instructions)*
- 7.
- 8.

COST (omit cents) <i>(see instructions)</i>	ASSESSOR'S USE ONLY	

PART III: DECLARATION OF PROPERTY BELONGING TO OTHERS – IF NONE WRITE "NONE"

(SPECIFY TYPE BY CODE NUMBER)
Report conditional sales contracts that are not leases on Schedule A

	Year of Acq.	Year of Mfr.	Description and Lease or Identification Number	Cost to Purchase New	Annual Rent
1. Leased equipment 2. Lease-purchase option equipment 3. Capitalized leased equipment 4. Vending equipment 5. Other businesses 6. Government-owned property					
Tax Obligation: A. Lessor B. Lessee					
9. Lessor's name Mailing address					
10. Lessor's name Mailing address					

OWNERSHIP TYPE <input checked="" type="checkbox"/>	DECLARATION BY ASSESSEE	
Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other <input type="checkbox"/>	<p>Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties. <i>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.</i></p>	
BUSINESS DESCRIPTION <input checked="" type="checkbox"/>	SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*	DATE
Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Manufacturer <input type="checkbox"/> Service/Professional <input type="checkbox"/>	NAME OF ASSESSEE OR AUTHORIZED AGENT* <i>(typed or printed)</i>	TITLE
	NAME OF LEGAL ENTITY <i>(other than DBA) (typed or printed)</i>	FEDERAL EMPLOYER ID NUMBER
	PREPARER'S NAME AND ADDRESS <i>(typed or printed)</i>	TELEPHONE NUMBER ()
		TITLE

