_ 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 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.)



Tammie Guenthart Mariposa County Assessor

4982 10th St P.O. Box 35 Mariposa, CA 95338 Ph: (209) 966-2332 Fax: (209) 966-5719

2. LOCATION OF THE PROPERTY:

tguenthart@mariposacounty.org Monday-Friday:8am-5pm

Cada saction 400 Attached schodules are considered to be part of the statement							ile a separate statement for each location) treet Address		
NAME AND MAILING AL	ODRESS (Make necessary co	rections to the printed na	me and	mailing address.)		City			
Г			¬ _{3.}	DO YOU OWN THE LAND AT THIS LOCATION?					
						Yes No			
							yes, is the name on your deed		
	ecorded as shown on this statement. Yes No								
4. LC							OCAL PHONE NUMBER()		
						E-Mail Address (optiona	nl)		
1						TERANS:			
						Are you filing a claim fo	or veterans' exemption	n?	
langible property owned, c the year being reported. In	laimed, possessed, controlled ventories are exempt from ta	, or managed by you at th xation and should not be	is location reporte	on at 12:01 a.m., Jani d for 1980 and futu	uary 1 of re years.	Yes No If yes, a separate "Claim	for Votorans' Evompt	ion" form must be filed	
Do not report property eligi			•		•	with Assessor on or bef		ion form must be filed	
		DATE					0.0.00.00.00.	ASSESSOR'S	
DESCRIPTION OF PROPERTY			RED	COST		REMARKS	REMARKS ASSESSOR'S USE ONLY		
5. SUPPLIES	X X	ХХ					002 01121		
6. EQUIPMENT		X X	ХХ	XXXX					
a. Total cost of all equ	uipment held on January 1, la	st year X X	ХХ						
		,							
b. Equipment acquired since January 1, last year			хх	XXXX					
c. Equipment dispos	ed of since January 1, last yea	r XX	хх	XXXX					
- T- P									
d. Total cost of all equ	uipment held on January 1, th	is year X X	ХХ						
7. OTHER (describe)		,							
PI III DINGS OF LEASEHOLD IMPROVEMENTS:			0. VEAD						
	nd retirements in detail)	MONTH	& YEAR						
INICTRUCTIONIC						TOTAL FULL			
INSTRUCTIONS: Line 5. Enter the cost of you	ur supplies					VALUE			
Line 6. List individually iter	ns acquired or disposed of since								
be entered on line d may be computed by adding the figures for lines a and b and Line 7. Enter the date acquired, cost, and description of any other personal property at the									
tached. Line 8. Describe in detail ar	ldings or	to your leasehold imp	rovoments to	FIXTURES					
	ir landlord during the year being					(IMPROVEMENTS)			
		DECLARATION BY			PROCESSING D	ATA			
OWNERSHIP	Note: The	following declaration r	nust be	completed and		OPERATION	BY	DATE	
TYPE (4)		f you do not do so, it m				ANALYZED			
Proprietorship				the State of Cali	fornia that	!			
Partnership statements or other attachments, and to the bes			pest of i	my knowledge an	d belief it is	5			
Corporation				rty required to b	oe reported	APPRAISED			
Other as the assessee in this statement at 12:01 a.m. on J					130111111111111111111111111111111111111	REVIEWED			
SIGNATURE OF ASSESSEE OR AU	DATE			POSTED TO:					
<u> </u>									
NAME OF ASSESSEE OR AUTHOR	RIZED AGENT* (typed or printed)		TITLE						
NAME OF LEGAL ENTITY ()				- TAY ADEA COST					
NAME OF LEGAL ENTITY (other than DBA) (typed or printed)				ERAL EMPLOYER ID NUN	IDEK	TAX AREA CODE:		_	
PREPARER'S NAME AND ADDRESS (typed or printed) TELEPHONE NUMBER						- BUS. CODE:			
()									

THIS STATEMENT SUBJECT TO AUDIT



^{*}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.