EF-571-M-R06-0806-40000786-1 BOE-571-M (FRONT) REV. 6 (8-06)

## \_\_ 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.



## Office of Tom J. Bordonaro, Jr. San Luis Obispo County Assessor

County Government Center 1055 Monterey Street, Suite D360 San Luis Obispo, CA 93408 Telephone (805) 781-5643 Fax: (805) 781-5641

Email: Assessor@co.slo.ca.us Web Site: slocounty.ca.gov/assessor

2. LOCATION OF THE PROPERTY:

| - dt 400   |  |                  |                    |                            |                         |                 | ile a separate statement for each location) reet Address |                       |                          |  |
|--|--|------------------|--------------------|----------------------------|-------------------------|-----------------|--|-----------------------|--------------------------|--|
|  |  |                  |                    |                            |                         |                 |  |                       |                          |  |
| 3. Dr  |  |                  |                    |                            |                         |                 | ty   |                       |                          |  |
| 4. LC  |  |                  |                    |                            |                         |                 | OCAL PHONE NUMBER()                                      |                       |                          |  |
|  |  |                  |                    |                            |                         |                 | Mail Address (optional)                                  |                       |                          |  |
|  | RANS:  |                  |                    |                            |                         |                 |  |                       |                          |  |
| L  |  |                  |                    |                            |                         |                 | e you fil <u>ing</u> a claim fo                          | r veterans' exemption | on?                      |  |
| and the second of the second o |  |                  |                    |                            |                         |                 |  | Yes No                |                          |  |
| o not report property eligil   |  | xation and shoul | ій пот ве гер      | ortea                      | ior 1960 and futur      | · " )           |  | ·                     | tion" form must be filed |  |
|  |  |                  |                    |                            |                         | WI              | th Assessor on or befo                                   | ore repruary 15.      | T                        |  |
| DESCRIPTION OF PROPERTY  |  |                  | DATE AC-<br>QUIRED |                            | COST                    |                 | REMARKS ASSESSOR'S USE ONLY                              |                       |                          |  |
| 5. SUPPLIES  |  |                  | XXXX               | (                          |                         |                 |  |                       |                          |  |
| 6. EQUIPMENT   |  |                  | XXXX               | (                          | XXXX                    |                 |  |                       |                          |  |
| a. Total cost of all equipment held on January 1, last year  |  |                  | XXXX               | (                          |                         |                 |  |                       |                          |  |
|  |  |                  |                    |                            |                         |                 |  |                       |                          |  |
| b. Equipment acquired since January 1, last year   |  |                  | XXXX               | (                          | XXXX                    |                 |  |                       |                          |  |
|  |  |                  |                    |                            |                         |                 |  |                       |                          |  |
|  |  |                  |                    |                            |                         |                 |  |                       |                          |  |
| c. Equipment disposed of since January 1, last year  |  |                  | XXXX               |                            | XXXX                    |                 |  |                       |                          |  |
| d. Total cost of all one   | inment held on langang 1 th  | icuos            | XXXX               | ,                          |                         |                 |  |                       |                          |  |
| d. Total cost of all equipment held on January 1, this year  7. OTHER (describe)   |  |                  | ^ ^ ^ ^            | `                          |                         |                 |  |                       |                          |  |
| BUILDINGS OR LEASEHOLD IMPROVEMENTS:   |  |                  |                    | +                          |                         |                 |  |                       |                          |  |
| (describe additions and retirements in detail)   |  |                  | MONTH & YE         | EAR                        |                         |                 |  |                       |                          |  |
|  |  |                  |                    | +                          |                         |                 |  |                       |                          |  |
|  |  |                  |                    | -                          |                         |                 |  |                       |                          |  |
| NSTRUCTIONS:   |  |                  |                    |                            |                         |                 | TOTAL FULL   |                       |                          |  |
| ine 5. Enter the cost of your supplies.  |  |                  |                    |                            |                         |                 | VALUE  |                       |                          |  |
| ine 6. List individually items acquired or disposed of since January 1 of last year. Additional sheets may be be entered on line d may be computed by adding the figures for lines a and b and subtracting the figure for the data sequence of the sequence of |  |                  |                    |                            | ting the figure for lir | ne c.           | PERSONAL PROPER  | RTY                   |                          |  |
| ine 7. Enter the date acquired, cost, and description of any other personal property at this location. Additional sheets may be attached.  |  |                  |                    |                            |                         | •               | FIXTURES   |                       |                          |  |
| ine 8. Describe in detail and show the cost of all additions and retirements to your buildings, or to your leasehold improvements to the buildings of your landlord during the year being reported. Do not repeat items that were included in line 6.  |  |                  |                    |                            |                         | (IMPROVEMENTS)  |  |                       |                          |  |
| DECLARATION BY ASSESSEE  |  |                  |                    |                            |                         | PROCESSING DATA |  |                       |                          |  |
| OWNERSHIP Note: The following declaration must   |  |                  |                    |                            |                         |                 | OPERATION  | BY                    | DATE                     |  |
| TYPE (4)   | signed. If you do not do so, it may result in penalties.   |                  |                    |                            |                         | ANALYZED        |  |                       |                          |  |
| roprietorship  | ☐ I declare under penalty of perjury under the laws of the State of California that I have examined this property statement, including accompanying schedules, |                  |                    |                            |                         |                 | COMPUTED   |                       | _                        |  |
| 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  |  |                  |                    |                            |                         | APPRAISED       |  |                       |                          |  |
| which is owned, claimed, possessed, controlled, or managed by the person named   |  |                  |                    |                            |                         | REVIEWED        |  |                       |                          |  |
| Other L  |  | atement at 12:0  |                    | anuar<br>DATE              | y 1, 20                 |                 |  |                       |                          |  |
| IGNATURE OF ASSESSEE OR AUTHORIZED AGENT*  |  |                  |                    | DATE                       |                         |                 | POSTED TO:   |                       |                          |  |
| IAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)   |  |                  |                    | TITLE                      |                         |                 |  |                       |                          |  |
| MAN OF I SOLUTION OF I ALL DON'S A LINE OF I   |  |                  |                    |                            |                         |                 |  |                       |                          |  |
| IAME OF LEGAL ENTITY (other than DBA) (typed or printed)   |  |                  |                    | FEDERAL EMPLOYER ID NUMBER |                         |                 | TAX AREA CODE:   |                       | _                        |  |
| REPARER'S NAME AND ADDRESS (typed or printed)  TELEPHONE NUMBER  |  |                  |                    | TITLE                      |                         |                 | 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.