EF-571-R-R23-0520-43000836-1

BOE-571-R (P1) REV. 23 (05-20)

APARTMENT HOUSE PROPERTY STATEMENT FOR 2021

(Declaration of costs and other related property information as of 12:01 A.M., January 1, 2021)



Greg Monteverde Acting Assessor

Exemptions Unit West Tasman Campus 130 W Tasman Drive San Jose, CA 95134 Ph: (408) 299-6460 exemptions@asr.sccgov.org www.sccassessor.org

R

RETURN THIS ORIGINAL FORI FILE RETURN BY APRIL 1, 202 NAME AND MAILING ADDRE	21	OT BE ACCEPT	ΓED.				J		
(Make necessary correction	dress.)			LOCATION OF THE PROPERTY (street, city) (file a separate statement for each location)					
L				nter the total		the location listed. In one of the units?			
Local Telephone Number		3. D	If yes , enter the unit number						
STREET	on of general ledger and all related accounting records (include zip code): CITY STATE ZIP Imited liability company, e interest" (see instructions entity?								
CAREFULLY READ AND FOLLOW 1. If you no longer own this pro owner:	V THE ACCOMPANYI	NG INSTRUCTIO	NS.				s for definition) in	also own "real property" (see California at the time of the	
Name Mailing Address	BOE-100-E	B, Statement of Cha	and (2), filer must submit form ange in Control and Ownership Board of Equalization. See						
City and State			_ Zip Code			-	s for filing requireme	·	
Do any other individuals, part premises? Yes No NAME AND ADDRESS OF	own personal property (other than household furniture and personal effects of y NATURE OF THE BUSINESS OR PROPERTY					ur tenants) located on your ASSESSOR'S			
								USE ONLY	
5. Do you hold furniture or equip	pment belonging to oth	ners on a loan, rer	ntal, or lease basis?						
NAME AND ADDRESS OF	QUANTITY AND DESCRIPTION								
6. ENTER BELOW the number Schedule A. Do not include,				ators, not built-in), a	and unfu	rnished units.	. Also complete		
	SLP. ROOM	STUDIO	1 BEDRM.	2 BEDRM.	3 B	EDRM.	LARGER		
FULLY FURNISHED									
PARTLY FURNISHED									
UNFURNISHED									
TOTALS									
7. Supplies					Cost				
8. Furniture and appliances Enter From Schedule A									
Other furniture and equipmer	nt			Enter From Sche	edule B				
10.									
					г	TOTAL FUL	I VALUE		
						PERSONAL PROPERTY			
					- 1	FLISONAL	LINOPERIT		

FIXTURES

LAND

OTHER IMPROVEMENTS

BOE-571-R (P2) REV. 23 (05-20)

SCHEDULES OF DEPRECIABLE PROPERTY — SCHEDULES A and B. Items may be listed separately within the year of acquisition on a separate schedule, or items may be grouped by year of acquisition and listed on the schedules below. If you purchased the property as a unit, report on Schedules A & B the previous owner's original cost by the original year of acquisition of the furniture and equipment that was included in your purchase.

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 (NOT depreciated book value)	FOR ASSESSO	R'S USE ONLY	Year of	Original Installed Coa	FOR ASSESSOR'S USE		OR'S USE ONLY			
		Factor	Value	Acquisition	Original Installed Cos (NOT depreciated book va		Factor	Value			
2020				2020							
2019				2019							
2018				2018							
2017				2017							
2016				2016							
2015				2015							
2014				2014							
2013				2013							
2012				2012							
2011				2011							
2010 & prior				2010 & prior							
TOTAL COST Enter on line 8	·			TOTAL COS Enter on line							
REMARKS:								•			
			ECLARATIO	N BY ASSI	ESSEE						
	Note: The following decl	aration must b	e completed a	ınd signed. I	If you do not do so, it ma	y result	in penalties.				
	ler penalty of perjury under the la or other attachments, and to the										
	ch is owned, claimed, possessed										
	SIGNATURE OF ASSESSE	E OR AUTHORIZED	AGENT*			DATE					
OWNERSHIP TYPE (☑)	(☑)										
	NAME OF ASSESSEE OR A	AUTHORIZED AGEI	NT* (typed or printe	ed)		TITLE					

TELEPHONE NUMBER

FEDERAL EMPLOYER ID NUMBER

TITLE

*Agent: See page 3 for Declaration by Assessee instructions.

Proprietorship

Partnership

Corporation

Other



NAME OF LEGAL ENTITY (other than DBA) (typed or printed)

PREPARER'S NAME AND ADDRESS (typed or printed)

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* 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.

