OFFICIAL REQUIREMENT

# 20\_\_\_\_ OIL, GAS, AND GEOTHERMAL PERSONAL PROPERTY STATEMENT



## Deanna L. Bradford County Clerk-Recorder-Assessor

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

, 20 . Failure to file	e it on time will c	ed of you by section 441(a) of the Reven ording to the instructions and filed with the compet the Assessor's Office to estimate the add a penalty of 10 percent as required by	the value of your p	r before April property fron	 1						
CAREFULLY READ AND FOLLOW THE ACCOMPANYING INSTRUCTIONS (a sep						ATION OF THE PROPERTY: parate report must be filed for each property) name					
											$\begin{tabular}{cccc} \hline \\ \hline $
				3.	PARC	CEL NUI	MBER_				
					Tax r	ate area					
I				1	PHO	NE NUM	IBER	( )			
(Make	e necessary corr	rections to printed name and mailing ad	ldress)	E-	Mail Ad	ddress (	optional	)			
PERSONAL PROPERTY						ASSESSOR'S USE ONLY					
5. Supplies (fuel) 1	oplies (fuel) Type: Gravity: Barrels:						FULL VALUE				
	••	Items	ACQUIS. YEAR		ORIGINAL COST						
6. Office furniture						-					
7. Warehouse stock	k (parts, tools, e	quipment, etc.)				-					
8. Yard stock (rods,	tubing, casing,	etc.)				-					
9. Other (chemicals	s, unlicensed vel	hicles, etc.)				-					
10. DECLARATION	OF PROPERTY	Y BELONGING TO OTHERS (if none w	vrite "none")								
		(SPECIFY TYPE BY CODE NUMBER	,								
Report conditional sa	les contracts in	lines 6-9 as applicable				Year	Year	Description	Cost to	Annual	
1. Leased Equipment     4. Vending Equipment       2. Leased-Purchase Option Equipment5. Other businesses						of Acq.	of Mfr.	and Lease or Identification	Purchase New	Rent	
2 1 63560	d-Purchase Opti	ion Equipments. Other businesses			_	7.09.		Number	11011		
	lized Leased Fo		t-Owned Propert	hy l				Number			
3. Capita	lized Leased Eq	quipment 6. Governmen	t-Owned Propert	ty	1			Number			
			t-Owned Propert		1			Number			
3. Capital Tax Oblig Lessor's Name Mailing Address Lessor's Name		quipment 6. Governmen	t-Owned Propert								
3. Capital Tax Oblig Lessor's Name Mailing Address Lessor's Name Mailing Address		quipment 6. Governmen	t-Owned Propert		•						
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3. Capital Tax Oblig Lessor's Name Mailing Address Lessor's Name Mailing Address		quipment 6. Governmen	t-Owned Propert								
3. Capital Tax Oblig Lessor's Name Mailing Address Lessor's Name Mailing Address 11. Remarks	pation: A. Les	quipment       6. Governmen         ssor       B. Lessee         DECLARATI         e following declaration must be completed the laws of the State of California that I have inowledge and belief it is true, correct, and completed	ON BY ASSES and signed. If yo we examined this p mplete and include	SEE SEE buildo not do property state s all property	nent, il	nay resu	JE ult in pe	L snalties. panying sche			
3. Capital Tax Oblig Lessor's Name Mailing Address Lessor's Name Mailing Address 11. Remarks 11. Remarks 11. declare under penalty other attachments, and to controlled, or managed to	Note: The of perjury under to the best of my k by the person nam	quipment       6. Governmen         ssor       B. Lessee         DECLARATI         a following declaration must be completed the laws of the State of California that I have	ON BY ASSES and signed. If yo we examined this p mplete and include	SEE SEE buildo not do property state s all property	nent, il	nay resu	JE ult in pe	L snalties. panying sche			
3. Capital Tax Oblig Lessor's Name Mailing Address Lessor's Name Mailing Address 11. Remarks	Note: The of perjury under it to the best of my k by the person nam SIGNATURE OF A	quipment       6. Governmen         ssor       B. Lessee         DECLARATI         complete the laws of the State of California that I have and belief it is true, correct, and complete the laws of the assessee in this statement at 12:00         ASSESSEE OR AUTHORIZED AGENT*	ON BY ASSES and signed. If yo we examined this p mplete and include	SEE SEE buildo not do property state s all property	nent, il	nay resu	JE ult in pe	L Panalties. panying sche d which is own			
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3. Capital Tax Oblig Lessor's Name Mailing Address Lessor's Name Mailing Address 11. Remarks 11. Remarks 11. declare under penalty other attachments, and t controlled, or managed to OWNERSHIP TYPE Proprietorship	Note: The of perjury under i to the best of my k by the person nam SIGNATURE OF A NAME OF ASSES	quipment       6. Governmen         ssor       B. Lessee         B. Lessee       B. Lessee         DECLARATI         DECLARATI         To following declaration must be completed         the laws of the State of California that I have         anowledge and belief it is true, correct, and conveldge and belief it is statement at 12:00         ASSESSEE OR AUTHORIZED AGENT*         SSEE OR AUTHORIZED AGENT* (typed or printed)	ON BY ASSES and signed. If yo we examined this p mplete and include	SEE SEE buildo not do property state s all property	ment, il require 	nay resincluding	JE ult in pe	L enalties. panying sche d which is own DATE TITLE	ed, claimed, p	ossessed,	



## INSTRUCTIONS FOR COMPLETING THE OIL, GAS, AND GEOTHERMAL PERSONAL PROPERTY STATEMENT

Report all personal property owned by the respondent and any property belonging to others on the lease as of January 1. Line numbers listed in these instructions refer to identical line numbers printed on the form.

## LINE 1. NAME AND MAILING ADDRESS

a. NAME OF OPERATOR (PERSON OR CORPORATION)

If the name is preprinted, check the spelling and correct any error. In the case of an individual, enter the last name first, then the first name and middle initial. Partnerships must enter at least two names, showing the last name, first name and middle initial for each partner. Corporation names should be complete so they will not be confused with fictitious or DBA (Doing Business As) names.

## b. DBA OR FICTITIOUS NAME

Enter the DBA name under which you are operating in this county below the name of the sole owner, partnership, or corporation.

## c. MAILING ADDRESS

Enter the mailing address of the legal entity shown in line 1a above. This may be either a street address or a post office box number. It may differ from the actual location of the property. Include the city, state and zip code.

## LINE 2. LOCATION OF THE PROPERTY

Fill in the lease and field name. Conform to State Division of Oil and Gas classification in regard to names of fields and pools. For geothermal properties, ignore term "pool," and fill in "operating unit" if this term applies.

## LINE 3. PARCEL NUMBER

Fill in the parcel number and tax rate area number, if known.

#### LINE 4. PHONE NUMBER

barrels

Enter the phone number where we may contact you or your authorized representative for information regarding the subject property.

#### LINE 5. SUPPLIES (Used as fuel)

Enter the type of fuel, A.P.I. gravity, and the number of

#### LINES 6 OFFICE EQUIPMENT, WAREHOUSE STOCK, YARD STOCK, OTHER

thru 9. Enter the year acquired, if known, the cost, and a description sufficient to identify the property.

## LINE 10. DECLARATION OF PROPERTY BELONGING TO OTHERS

If property belonging to others, or their business entities, is located on your premises, report the owner's name and mailing address. If it is leased equipment, read your agreement carefully and enter the type by Code and whether A-Lessor or B-Lessee has the tax obligation. For assessment purposes, the Assessor will consider, but is not bound to, the contractual agreement.

- 1. LEASED EQUIPMENT. Report the year of acquisition, the year of manufacture, description of the leased property, the lease contract number or other identification number, the total installed cost to purchase (including sales tax), and the annual rent; do not include in lines 6-9 (see No. 3 below).
- 2. LEASE-PURCHASE OPTION EQUIPMENT. Report here all equipment acquired on lease-purchase option on which the **final payment remains to be made.** Enter the year of acquisition, the year of manufacture, description of the leased property, the lease contract number or other identification number, the total installed cost to purchase (including sales tax), and the annual rent. **If final payment has been made**, report full cost in lines 6-9, as applicable (see No. 3 below).
- 3. CAPITALIZED LEASE EQUIPMENT. Report here all leased equipment that has been capitalized at the present value of the minimum lease payments on which a final payment remains to be made. Enter the year of acquisition, the year of manufacture, description of the leased property, the lease contract number or other identification number, and the total installed cost to purchase (including sales tax). Do not include in lines 6-9 unless final payment has been made.
- 4. VENDING EQUIPMENT. Report the model and description of the equipment; do not include in lines 6-9.
- 5. OTHER BUSINESSES. Report other businesses on your premises.
- 6. GOVERNMENT-OWNED PROPERTY. If you possess or use government-owned land, improvements, or fixed equipment, or government-owned property is located on your premises, report the name and address of the agency which owns the property, and a description of the property.

## 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 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.

