EF-268-B-R10-0514-55000504-1 BOE-268-B (P1) REV. 10 (05-14)

FREE PUBLIC LIBRARY OR FREE MUSEUM CLAIM

PROPERTY **USED SOLELY** FOR EITHER A FREE PUBLIC LIBRARY OR FREE MUSEUM.



Kaenan Whitman Tuolumne County Assessor-Recorder

2 South Green Street, Third Floor Sonora, CA 95370 Phone: (209) 533-5535 Fax: (209) 533-5674

Email: assessor@tuolumnecounty.ca.gov

This claim is filed for fiscal year 20____ - 20__

(Example: a person filing a timely claim in January 2011 would enter "2011-2012.")

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

		A claimant must complete and file this form with the Assessor by February 15.
L	ل	
NAME OF PERSON MAKING CLAIM		TITLE

NAME AND ADDRESS	OF OWNER OF LAND AND BUILDINGS (if different from above)	
NAME OF INSTITUTION	DN	
MAILING ADDRESS O	F INSTITUTION (CITY, STATE, ZIP CODE)	
ADDRESS OF PROPE	RTY (NUMBER AND STREET)	ASSESSOR'S PARCEL NUMBER
CITY, COUNTY, ZIP CO	DDE	LEASE TERMINATION DATE
DAYS OF THE WEEK	OPEN TO THE PUBLIC AND HOURS OF OPERATION	
✓ Check the type	of qualifying exclusive use of the property. If filing for the first time, attach a c	opy of the lease or agreement.
LIBRARY	MUSEUM	
1. 🗌 Yes 🗌 No	Is admittance to the library or museum free? If no, please explain:	
2. 🗌 *Yes 🗌 No	If a library, is there a user charge for the use of books, periodicals, or facilitie	s?
3. 🗌 *Yes 🗌 No	If a museum, is there a charge for viewing the museum contents?	
	*If yes , and a BOE-267, <i>Claim for Welfare Exemption</i> , has not been filed for Office immediately. The deadline for timely filing a Claim for Welfare Exemption user charge, a <i>Claim for Welfare Exemption</i> may be allowed if both the organ the requirements for the exemption.	ion is February 15 each year. Where there is a
4. □Yes □No	Is the property, or a portion thereof, for which the exemption is claimed a book	store that generates unrelated business taxable

Property taxes as determined by establishing a ratio of the unrelated business taxable income to the bookstore's gross income will be levied.

5.

Yes

No Is any of the owned property used for sales or business purposes other than a bookstore? If yes, please explain:

6. Yes No Is any equipment or other property at this location being leased or rented from someone else?

income as defined in section 512 of the Internal Revenue Code?

If yes, list in the remarks section the name and address of the owner and the type, make, model, and serial number of the property. "Exclusive use" is not required for this exemption, the lessee's possession is sufficient evidence of use.

If yes, a copy of the institution's most recent tax return filed with the Internal Revenue Service must accompany this claim.

The benefit of a property tax exemption must inure to the lessee institution; the lessee may be entitled to claim a refund of taxes paid by the lessor. See section 202.2 of the Revenue and Taxation Code.

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



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7. List only property that is owned. Leased property may also be exempt if listed under the remarks section below. If leased property is listed, it is not necessary for the lessor to also claim the exemption on the Lessors' Exemption Claim

or Name Floors Ro	o. of Type of Construction	Primary use: Incidental use: Primary use: Incidental use:	
Buildings and Improvements Bldg. No. No. of No. or Name Floors Ro		Primary use:	
Bldg. No. No. of No. or Name Floors Ro		·	
	ooms Construction	Incidental use:	
		Incidental use:	
1			
Personal Property: Describe - include cost and acquisition dates if applicable. (Attach a separate sheet if necessary.)		Primary use:	
		Incidental use:	
EMARKS			
Whom sho	ould we contact during norma	business hours for additional info	ormation? TITLE
HIVE			IIILE
AYTIME TELEPHONE	EMAIL ADDRESS		
)		TELOATION	
l certify (or declare) under penalty including any accompanyii		'IFICATION tate of California that the foregoing and ie, correct, and complete to the best of	l all information contained herein my knowledge and belief.
AME OF PERSON MAKING CLAIM			TITLE
IGNATURE OF PERSON MAKING CLAIM			DATE

