EF-571-R-R24-0521-51000212-1

BOE-571-R (P1) REV. 24 (05-21)

APARTMENT HOUSE PROPERTY STATEMENT FOR 2022

(Declaration of costs and other related property information as of 12:01 A.M., January 1, 2022)



TODD L. RETZLOFF, CCIM SUTTER COUNTY

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OTHER IMPROVEMENTS

LAND

RETURN THIS ORIGINAL FORM. COPIES WILL NOT BE ACCEPTED. **FILE RETURN BY APRIL 1, 2022** NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address.) LOCATION OF THE PROPERTY (street, city) (file a separate statement for each location) 2. Enter the total number of units for the location listed. Do you live in one of the units? ☐ Yes ☐ No Fax Number Local Telephone Number _ If ves. enter the unit number -Email Address During the period of January 1, 2021 through December 31, Enter location of general ledger and all related accounting records (include zip code): (1) Did any individual or legal entity (corporation, partnership, STATE limited liability company, etc.) acquire a "controlling interest" (see instructions for definition) in this business Enter name and telephone number of authorized person to contact at location of accounting records: entity? ☐ Yes ☐ No (2) If YES, did this business entity also own "real property" (see CAREFULLY READ AND FOLLOW THE ACCOMPANYING INSTRUCTIONS. instructions for definition) in California at the time of the acquisition? 1. If you no longer own this property as of January 1 of this year, show the name and mailing address of the new ☐ Yes ☐ No owner: (3) If YES to both questions (1) and (2), filer must submit form Name _ BOE-100-B, Statement of Change in Control and Ownership of Legal Entities, to the State Board of Equalization. See Mailing Address _ instructions for filing requirements. City and State Zip Code Do any other individuals, partnerships or corporations do business or own personal property (other than household furniture and personal effects of your tenants) located on your premises? \square Yes \square No If **yes**, list below. NAME AND ADDRESS OF OWNER OF SUCH PROPERTY NATURE OF THE BUSINESS OR PROPERTY ASSESSOR'S **USE ONLY** Do you hold furniture or equipment belonging to others on a loan, rental, or lease basis? ☐ Yes ☐ No If yes, list below. NAME AND ADDRESS OF OWNER OF SUCH PROPERTY **QUANTITY AND DESCRIPTION** ENTER BELOW the number of fully furnished, partly furnished (e.g., stoves and refrigerators, not built-in), and unfurnished units. Also complete Schedule A. Do not include, either here or in Schedule A, any unit in which you live. SLP. ROOM **STUDIO** 1 BEDRM. 2 BEDRM. 3 BEDRM. **LARGER FULLY FURNISHED** PARTLY FURNISHED UNFURNISHED **TOTALS** 7. Supplies Furniture and appliances Enter From Schedule A Other furniture and equipment Enter From Schedule B 10. TOTAL FULL VALUE PERSONAL PROPERTY **FIXTURES**

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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.

Year of Acquisition	Original Installed Cost (NOT depreciated book value)	FOR ASSESSOR'S USE ONLY		Year of	Original Installed Cost	FOR ASSESSOR'S USE ONLY	
		Factor	Value	Acquisition	Original Installed Cost (NOT depreciated book value)	Factor	Value
2021				2021			
2020				2020			
2019				2019			
2018				2018			
2017				2017			
2016				2016			
2015				2015			
2014				2014			
2013				2013			
2012				2012			
2011 & prior				2011 & prior			
TOTAL COST \$			TOTAL COST	•			
Enter on line 8, page 1.				Enter on line 9, page 1.			
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reported which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 2022.

OWNERSHIP TYPE (☑)		SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*	DATE	
		NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)	TITLE	
Proprietorship				
Partnership		NAME OF LEGAL ENTITY (other than DBA) (typed or printed)	FEDERAL EMPLOYER ID NUMBER	
Corporation				
Other	_ 🗆	PREPARER'S NAME AND ADDRESS (typed or printed)	TELEPHONE NUMBER ()	TITLE

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



BOE-571-R (P3) REV. 24 (05-21)

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.

