EF-571-M-R06-0806-03000277-1 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.



## James B Rooney Assessor of Amador County

810 Court Street Jackson, CA 95642 PH: (209) 223-6351 FAX: (209) 223-6721

2. LOCATION OF THE PROPERTY:

ada castian 400. Attachad cahadulas ara cancidarad ta ba part of the statement				le a separate statement for each location) reet Address		
1. NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address.)  Gi  3. Di  3. Di  4. Di  5. Di  6. Di  7. Di  8. Di  9. D				ty		
				O YOU OWN THE LAND AT THIS LOCATION?  YES NO		
				yes, is the name on your de		
				corded as shown on this sta		
				OCAL PHONE NUMBER	( )	
				Mail Address (optional)		
L				RANS: re you filing a claim for vete	erans' evemntion?	
angible property owned, claimed, possessed, controlled	d, or managed by you at this	location at 12:01 a.m., Jar		Yes No	ians exemption:	
he year being reported. Inventories are exempt from to no not report property eligible for this exemption.	exation and should not be re	reported for 1980 and fut	· "	yes, a separate "Claim for Ve		" form must be filed
			Wi	ith Assessor on or before Fe	bruary 15.	
DESCRIPTION OF PROPERTY  5. SUPPLIES		DATE AC- QUIRED  X X X X		REMARKS		ASSESSOR'S
					USE ONLY	
6. EQUIPMENT		X X X X X				
a. Total cost of all equipment held on January 1, last year		(X				
, ,,,	,					
b. Equipment acquired since January 1, last year		X X X X X				
c. Equipment disposed of since January 1, last year		X X X X				
d. Total cost of all equipment held on January 1, this year		( X				
7. OTHER (describe)						
8. BUILDINGS OR LEASEHOLD IMPROVEMENTS: (describe additions and retirements in detail)		k YEAR				
(,						
NSTRUCTIONS: ine 5. Enter the cost of your supplies. ine 6. List individually items acquired or disposed of sinc	ional sheets may be attache	d. The figure to	TOTAL FULL VALUE			
be entered on line d may be computed by adding ine 7. Enter the date acquired, cost, and description of a	d subtracting the figure for	subtracting the figure for line c.				
tached.  Describe in detail and show the cost of all additions and retirements to your buildings, or to your leasehold improvements the buildings of your landlord during the year being reported. Do not repeat items that were included in line 6.				FIXTURES (IMPROVEMENTS)		
DECLARATION BY ASSESSEE				PROCESSING DATA		
	Note: The following declaration must be completed and			OPERATION	BY	DATE
_	signed. If you do not do so, it may result in penalties.					
have examined this i	I declare under penalty of perjury under the laws of the State of California that I have examined this property statement, including accompanying schedules,					
statements or other att	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					
which is owned, claimed, possessed, controlled, or managed by the person named				APPRAISED		
	tatement at 12:01 a.m. or		<u>·                                      </u>			
GIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*	DATE		POSTED TO:			
NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)		TITLE				
NAME OF LEGAL ENTITY (other than DBA) (typed or printed)	FEDERAL EMPLOYER ID NU	FEDERAL EMPLOYER ID NUMBER				
PREPARER'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.

EF-571-M-R06-0806-0300027