EF-571-M-R06-0806-07000687-1 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



## **Gus Kramer County Assessor**

2. LOCATION OF THE PROPERTY:

2530 Arnold Drive, Suite 100 Martinez, CA 94553-4359 FAX: (925) 313-7488 Telephone: (925) 313-7400 http://www.cccounty.us/assessor

ado soction 100. Attached schodules are considered to be part of the statement				ile a separate statement for each location) reet Address		
. NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address.)					City  DO YOU OWN THE LAND AT THIS LOCATION?  Yes  No	
					yes, is the name on your deed	
				re	ecorded as shown on this statement.	Yes No
				4. L0	OCAL PHONE NUMBER()	
E-N					Mail Address (optional)	
VETERANS:					• • • • • • • • • • • • • • • • • • • •	
L					re you filing a claim for veterans' exem	ption?
angible property owned, claimed, possessed, controners year being reported. Inventories are exempt fror					」Yes □ No	
to not report property eligible for this exemption.	Travation and should	not be report	ted for 1500 and fatal	, II	yes, a separate "Claim for Veterans' Exe vith Assessor on or before February 15.	mption" form must be filed
DESCRIPTION OF PROPERTY		DATE AC- QUIRED	COST		REMARKS ASSESSOR'S USE ONLY	
5. SUPPLIES		XXXX				
6. EQUIPMENT		XXXX	XXXX			
a. Total cost of all equipment held on January 1, last year		XXXX				
b. Equipment acquired since January 1, last year		XXXX	XXXX			
b. Equipment acquired since surrainy 1, last yea		-	****			
c. Equipment disposed of since January 1, last year		XXXX	XXXX			
	,					
d. Total cost of all equipment held on January 1, this year		XXXX				
7. OTHER (describe)						
BUILDINGS OR LEASEHOLD IMPROVEMENTS:     (describe additions and retirements in detail)		IONTH & YEA	R			
NSTRUCTIONS:					TOTAL FULL	
ine 5. Enter the cost of your supplies. ine 6. List individually items acquired or disposed of s	ar Additional c	shoots may be attached	The faure to	VALUE		
be entered on line d may be computed by add	ubtracting the figure for line c.		PERSONAL PROPERTY			
ine 7. Enter the date acquired, cost, and description of any other personal property at th tached.				•	FIXTURES	
ine 8. Describe in detail and show the cost of all additions and retirements to your buildings, or to your leasehold improvements to the buildings of your landlord during the year being reported. Do not repeat items that were included in line 6.				(IMPROVEMENTS)		
DECLARATION BY ASSESSEE				PROCESSING DATA		
OWNERSHIP Note: The following declaration must be complet			oe completed and		OPERATION BY	DATE
	signed. If you do not do so, it may result in penalties.				ANALYZED	
roprietorship				COMPUTED		
artnership     statements or other attachments, and to the best of my knowledge and belief it is						
forporation U true, correct, and co	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	
other as the assessee in this statement at 12:01 a.m. on January 1, 20				REVIEWED		
IGNATURE OF ASSESSEE OR AUTHORIZED AGENT*			ATE		POSTED TO:	
IAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)			ΓLE			
IAME OF LEGAL ENTITY (other than DBA) (typed or printed)			FEDERAL EMPLOYER ID NUMBER		TAX AREA CODE:	
white or easile either former than out (typed of printed)			E L LOTEN ID NOW			
REPARER'S NAME AND ADDRESS (typed or printed)  TELEPHONE NUMBER ( )			ΓLE		BUS. CODE:	
	1					

\*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.

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