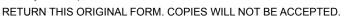
EF-571-R-R25-0522-10000297-1

BOE-571-R (P1) REV. 25 (05-22)

APARTMENT HOUSE PROPERTY STATEMENT FOR 2023

(Declaration of costs and other related property information as of 12:01 A.M., January 1, 2023)



FILE RETURN BY APRIL 1, 2023

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



PAUL DICTOS, CPA FRESNO COUNTY ASSESSOR-RECORDER

P. O. Box 1146 Fresno, CA 93715 (559) 600-3534 https://assessor.fresnocountyca.gov/

								THE PROPERTY (statement for each I	•	
L						2. E	nter the tota		or the location listed.	
						_		Po yea iive i		
ocal Telephone Number		Fax Number	r			If	ves, enter t	he unit number		
Email Address	U		in and the			3. D	uring the pe		2022 through December 31,	
Enter location of general ledger and a	ii related accounting						022:			
STREET		CITY	ľ	STATE	ZIP	(1			entity (corporation, partnership,) acquire a "controlling	
Enter name and telephone number of	authorized person t	o contact at locatio	n of accounting re	ecords:			interest" (entity?	see instructions for	definition) in this business	
•	·		J				☐ Yes [□ No		
CAREFULLY READ AND FOLLOW	THE ACCOMPANY	NG INSTRUCTION	ue.			(2			ty also own "real property" (see California at the time of the	
If you no longer own this prope owner:				ling addre	ess of the nev	v	acquisitio	n?	Camornia at the time of the	
Name						(3			and (2), filer must submit form	
Mailing Address						_			ange in Control and Ownership te Board of Equalization. See	
City and State			Zip Code				instruction	ns for filing requiren	nents.	
Do any other individuals, partne premises? ☐ Yes ☐ No It	rships or corporation f yes, list below.			erty (othe	r than housel	nold fur	niture and p	ersonal effects of yo	our tenants) located on your	
NAME AND ADDRESS OF O	WNER OF SUCH P	ROPERTY	N	IATURE (OF THE BUS	INESS	OR PROPE	RTY		
									ASSESSOR'S USE ONLY	
5. Do you hold furniture or equipm ☐ Yes ☐ No If yes , lis		ners on a loan, rent	tal, or lease basis	?						
NAME AND ADDRESS OF O	WNER OF SUCH P	ROPERTY		QU	ANTITY AND	DESC	RIPTION			
6. ENTER BELOW the number of Schedule A. Do not include, eit				erators, no	ot built-in), ar	nd unfu	rnished unit	s. Also complete		
	SLP. ROOM	STUDIO	1 BEDRM.	2 8	BEDRM.	3 B	EDRM.	LARGER		
FULLY FURNISHED										
PARTLY FURNISHED										
UNFURNISHED										
TOTALS										
7. Supplies						Cost				
8. Furniture and appliances				Ente	r From Sche	dule A				
9. Other furniture and equipment				Ente	r From Sche	dule B				
10.										
						Г	TOTAL FU	LL VALUE		
						-+		L PROPERTY		
						-+	FIXTURES			
						-+	OTHER IMPROVEMENTS			
							LAND			
		THIS	STATEMENT SU	JBJECT	TO AUDIT					

BOE-571-R (P2) REV. 25 (05-22)

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.

SCHEDULE A FURNITURE AND APPLIANCES (include items in storage; do not include built-ins)					SCHEDULE B OTHER FURNITURE AND EQUIPMENT (office, lobby, launding, signs, fire extinguishers)						
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	(NOT depreciated book value)	Factor	Value				
2022				2022							
2021				2021							
2020				2020							
2019				2019							
2018				2018							
2017				2017							
2016				2016							
2015				2015							
2014				2014							
2013				2013							
2012 & prior				2012 & prior							
TOTAL COST \$			TOTAL COST	·							
Enter on line 8, page 1.		Enter on line	9, page 1.								
REMARKS:											
	Note: The following dec		DECLARATIO								

DATE

TITLE

TITLE

TELEPHONE NUMBER

FEDERAL EMPLOYER ID NUMBER

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

2023.

OWNERSHIP TYPE (☑)

Proprietorship

Partnership

Corporation

Other



SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*

NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)

NAME OF LEGAL ENTITY (other than DBA) (typed or printed)

PREPARER'S NAME AND ADDRESS (typed or printed)

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.

