EF-571-R-R23-0520-20000353-1

BOE-571-R (P1) REV. 23 (05-20)

## APARTMENT HOUSE PROPERTY STATEMENT FOR 2021

(Declaration of costs and other related property information as of 12:01 A.M., January 1, 2021)



# **Brett Frazier Madera County Assessor**

200 West 4th Street Madera, CA 93637-3548 Phone: (559) 675-7710 Fax: (559) 675-7654

www.maderacounty.com/government/assessor

### RETURN THIS ORIGINAL FORM, COPIES WILL NOT BE ACCEPTED.

ILE RETURN BY APRIL 1, 2021		OT BE ACCE! I	LD.									
NAME AND MAILING ADDRESS	S											
(Make necessary correction	$\neg$		CATION OF									
·				·	(IIIC	a separate s	statement for each	iocation				
					_							
					_							
				2. Enter the total number of units for the location listed.								
L					Do you live Yes	in one of the units? No						
ocal Telephone Number		Fax Numbe	r		  1	yes, enter t	he unit number					
Email Address				<ol><li>During the period of January 1, 2020 through December 31, 2020:</li></ol>								
Enter location of general ledger and a	Il related accounting	records (include z	ip code):				ndividual or local o	antity (corneration newtoership				
STREET		CITY	S	TATE ZIP	_ (			entity (corporation, partnership, ) acquire a "controlling				
						interest" (see instructions for definition) in this business						
Enter name and telephone number of	authorized person to	contact at location	n of accounting rec	cords:	_	entity? Yes	No					
					_ (	2) If YES, di	d this business enti	ty also own "real property" (see				
CAREFULLY READ AND FOLLOW	THE ACCOMPANYI	NG INSTRUCTIO	NS.			instructio acquisitio	,	n California at the time of the				
<ol> <li>If you no longer own this prope owner:</li> </ol>	erty as of January 1 o	of this year, show t	he name and mailir	ng address of the ne	•W	Yes	No					
					_ (;			and (2), filer must submit form				
Mailing Address	Mailing Address							BOE-100-B, Statement of Change in Control and Ownership of Legal Entities, to the State Board of Equalization. See				
· ·	City and State Zip Code					instructions for filing requirements.						
Do any other individuals, partner	erships or corporation	ns do business or c	wn personal prope	rty (other than house	hold fu	rniture and p	ersonal effects of ye	our tenants) located on your				
premises? Yes No It	f yes, list below.											
NAME AND ADDRESS OF OWNER OF SUCH PROPERTY NATURE OF THE BUS							ERTY	ACCECCODIC				
								ASSESSOR'S USE ONLY				
<ol> <li>Do you hold furniture or equipmed</li> <li>Yes No If yes, list</li> </ol>		ners on a loan, ren	tal, or lease basis?									
NAME AND ADDRESS OF O	QUANTITY AND DESCRIPTION											
	QOARTIT ARE BESONII TION											
6. ENTER BELOW the number of	f fully furnished, part	lv furnished (e.g.,	L stoves and refriger	ators, not built-in), a	ind unfu	rnished unit	s. Also complete	•				
Schedule A. Do not include, eit				,,			p					
	SLP. ROOM	STUDIO	1 BEDRM.	2 BEDRM.	3 6	BEDRM.	LARGER					
FULLY FURNISHED												
PARTLY FURNISHED												
UNFURNISHED												
TOTALS												
7. Supplies					Cost							
Furniture and appliances												
Other furniture and equipment				Enter From Scho	edule B							
10.												
-												
						TOTAL FU	ILL VALUE					
							AL PROPERTY					
						FIXTURES						
							MPROVEMENTS					
						LAND						
						L 1110		1				

BOE-571-R (P2) REV. 23 (05-20)

**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, laund pool, vending, signs, fire extinguishers)						
Year of Acquisition	0.1.111(.111.0(	FOR ASSESS	OR'S USE ONLY	Year of Acquisition	Original Installed Cost	FOR ASSESSOR'S USE ONLY					
	Original Installed Cost (NOT depreciated book value)	Factor	Value		(NOT depreciated book val		Value				
2020				2020							
2019				2019							
2018				2018							
2017				2017							
2016				2016							
2015				2015							
2014				2014							
2013				2013							
2012				2012							
2011				2011							
2010 & prior				2010 & prior							
TOTAL COST Enter on line 8,				TOTAL COS							
REMARKS:											
			DECLARATIO	N RY ASSE	ESSEE						
	Note: The following dec				f you do not do so, it may	rocult in nonalties	,				
	er penalty of perjury under the larger of the results of the state of	aws of the State	e of California th	at I have exa	amined this property statem	nent, including accor	npanying schedule				
	th is owned, claimed, possesse										
OWNERS		EE OR AUTHORIZE	D AGENT*		С	DATE					
TYPE (☑)	NAME OF ASSESSEE OR	AUTHORIZED AGE	NT* (typed or printe	d)	Т	TITI F					

FEDERAL EMPLOYER ID NUMBER

TITLE

TELEPHONE NUMBER

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

Proprietorship

Partnership

Corporation

Other



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.

