EF-571-R-R26-0523-24000205-1 BOE-571-R (P1) REV. 26 (05-23)

## APARTMENT HOUSE PROPERTY STATEMENT FOR 2024

(Declaration of costs and other related property information as of 12:01 A.M., January 1, 2024)
RETURN THIS ORIGINAL FORM. COPIES WILL NOT BE ACCEPTED.

#### **FILE RETURN BY APRIL 1, 2024**

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



# MERCED COUNTY MATT H. MAY, ASSESSOR

2222 M STREET
MERCED, CA 95340
TELEPHONE (209) 385-7631
FAX (209) 725-3956
www.co.merced.ca.us\assessor

Inter name and telephone number of authorized person to contact at location of accounting records:    Application   Company	1				'						
Do you live in one of the units?   Fax Number									**		
Do you live in one of the units?   Fax Number						-					
Type	L				_	2.	Enter the total				
TRIEST    CITY   STATE   STATE											
Inter location of general ledger and all related accounting records (include zip code):    TREET	•		Fax Numbe	r		-	If <b>yes</b> , enter t	he unit number			
TRIEF OTY STATE ZP  OTY STATE ZP  Intername and telephone number of authorized person to contact at location of accounting records:  If you no longer own this properly as of January 1 of this year, show the name and mailing address of the new comer.  Name		all related accounting	records (include a	in code):		<b>–</b> 3.		eriod of January 1, 2	2023 through December 31,		
Second   Policy   P	STREET	iii related decodriting		· ·	_	(1) Did any individual or legal entity (corporation, partnership, limited liability company, etc.) acquire a "controlling"					
ASESSOR'S USE ONLY FEAD AND FOLLOW THE ACCOMPANYING INSTRUCTIONS.  1. If you no longer own this property as of January 1 of this year, show the name and mailing address of the new owner:    Name	Enter name and telephone number of	authorized person to	contact at location	n of accounting red	cords:		•	□ Na			
Assessor's Use Only of the find induced in the control of the cont	1. If you no longer own this prope				ng address of the n	ew	(2) If YES, di instruction acquisitio	d this business entitins for definition) in in?			
Mailing Address	Name					_	` '	. , ,			
City and State	Mailing Address					_	of Legal	Entities, to the Sta	te Board of Equalization. See		
NAME AND ADDRESS OF OWNER OF SUCH PROPERTY  NATURE OF THE BUSINESS OR PROPERTY  ASSESSOR'S USE ONLY  5. Do you hold furniture or equipment belonging to others on a loan, rental, or lease basis?  NAME AND ADDRESS OF OWNER OF SUCH PROPERTY  QUANTITY AND DESCRIPTION  6. 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.  FULLY FURNISHED  PARTLY FURNISHED  UNFURNISHED  INFURNISHED  INF	City and State	-						instructions for filing requirements			
ASSESOR'S USE ONLY    Superior   Superior   Such Property   QUANTITY AND DESCRIPTION	Do any other individuals, partner premises? ☐ Yes ☐ No If	erships or corporation f <b>yes,</b> list below.	ns do business or c	wn personal prope	rty (other than hous	ehold 1	urniture and p	ersonal effects of yo	our tenants) located on your		
S.   Do you hold furniture or equipment belonging to others on a loan, rental, or lease basis?	NAME AND ADDRESS OF O	WNER OF SUCH P	ROPERTY	N/	ATURE OF THE BU	ISINES	S OR PROPE	ERTY			
NAME AND ADDRESS OF OWNER OF SUCH PROPERTY  QUANTITY AND DESCRIPTION  6. 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											
6. 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			ners on a loan, ren	tal, or lease basis?							
Schedule A. Do not include, either here or in Schedule A, any unit in which you live.   SLP. ROOM	NAME AND ADDRESS OF OWNER OF SUCH PROPERTY QUANTITY AND						DESCRIPTION				
Schedule A. Do not include, either here or in Schedule A, any unit in which you live.   SLP. ROOM											
FULLY FURNISHED	ENTER BELOW the number of Schedule A. <b>Do not</b> include, eight	f fully furnished, part ther here or in Scheo	ly furnished (e.g., dule A, any unit in v	stoves and refriger	rators, not built-in),	and un	furnished unit	s. Also complete			
PARTLY FURNISHED         Image: Content of the part of th		SLP. ROOM	STUDIO	1 BEDRM.	2 BEDRM.	3	BEDRM.	LARGER			
UNFURNISHED											
TOTALS											
7. Supplies Cost 8. Furniture and appliances Enter From Schedule A 9. Other furniture and equipment Enter From Schedule B  10. TOTAL FULL VALUE PERSONAL PROPERTY FIXTURES OTHER IMPROVEMENTS LAND											
8. Furniture and appliances 9. Other furniture and equipment Enter From Schedule B  10.  TOTAL FULL VALUE PERSONAL PROPERTY FIXTURES OTHER IMPROVEMENTS LAND						Co	et .				
9. Other furniture and equipment  Enter From Schedule B  TOTAL FULL VALUE PERSONAL PROPERTY FIXTURES OTHER IMPROVEMENTS LAND	• • • • • • • • • • • • • • • • • • • •				Enter From Sch						
10.  TOTAL FULL VALUE  PERSONAL PROPERTY  FIXTURES  OTHER IMPROVEMENTS  LAND											
PERSONAL PROPERTY  FIXTURES  OTHER IMPROVEMENTS  LAND	10.										
PERSONAL PROPERTY  FIXTURES  OTHER IMPROVEMENTS  LAND											
FIXTURES OTHER IMPROVEMENTS LAND							TOTAL FU	ILL VALUE			
OTHER IMPROVEMENTS  LAND							PERSONA	AL PROPERTY			
LAND							FIXTURES	3			
							OTHER IM	IPROVEMENTS			
							LAND				

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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	do not include built-ins)	FOR ASSESSOR'S USE ONLY		Year of	pool, vending, signs, fire e	FOR ASSESSO	R'S USE ONLY
Acquisition	Original Installed Cost (NOT depreciated book value)	ost Acquisition Original Installed Cost	(NOT depreciated book value)	Factor	Value		
2023				2023			
2022				2022			
2021				2021			
2020				2020			
2019				2019			
2018				2018			
2017				2017			
2016				2016			
2015				2015			
2014				2014			
2013 & prior				2013 & prior			
OTAL COST	\$			TOTAL COST	. \$		
nter on line 8,	page 1.			Enter on line	9, page 1.		
		г	ECLARATIO	N DV ACCE	CCEE		

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 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 as the assessee in this statement at 12:01 a.m. on January 1, 2024.

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.



#### **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 <a href="https://www.boe.ca.gov">www.boe.ca.gov</a> 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.

