## **COLLEGE EXEMPTION CLAIM**

- 20 This claim is filed for fiscal year 20 (Example: a person filing a timely claim in January 2011 would enter "2011-2012.")



Matthew R. Maynard **Placer County Assessor** 2980 Richardson Drive Auburn, CA 95603-2640 Phone: (530) 889-4300 Email: assessor@placer.ca.gov Website: www.placer.ca.gov/assessor

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## This claim must be filed by 5:00 p.m., February 15.

	CLAIMANT NAME AND MAILING ADDRESS (Make necessary corrections to the printed name a	nd mailing address)				
	Γ		F	OR ASSESS	OR'S USE ONLY	,
			Received by			
				(Asse	ssor's designee)	
			of	(c	county or city)	
	L	_		(-		
			on		(date)	
NAME	OF CLAIMANT					
	OF CLAIMANT				DAYTIME TELEPH	
IIILL					()	
CORP	ORATE NAME OF THE COLLEGE					
ADDR	ESS (Street, City, County, State, Zip Code)					
ASSESSOR'S PARCEL NUMBER OR LEGAL DESCRIPTION			DATE PROPE	DATE PROPERTY WAS FIRST USED BY CLAIMANT		
1 Ow	ner and operator: (check applicable box	es)				
		Owner only Operator or	ly			
an	d claims exemption on all 🛛 🗌 Land	Buildings and improvements	and/or	Personal pro	perty	
2. Do	es the above institution qualify as a colle YES  NO	ge or seminary of learning under	the laws of the St	ate of Californ	ia?	
3. ls t	he institution conducted as a non-profit e	entity?				
	YES NO					
4. Do	es the institution require for regular admi YES NO	ssion the completion of a four-yea	ar high school cou	ırse or its equi	valent?	
and	es the institution confer upon its graduate d sciences, or on a course of at least thre erinary medicine, pharmacy, architecture YES NO	e years in professional studies, s	uch as law, theolo			
6. Is t	he property for which the exemption is cl	aimed used exclusively for the p	urposes of educa	tion?		
	t all buildings and other improvements fo et if necessary. Indicate whether leased					
	BUILDING & IMPROVEMENTS	PRIMARY USE	INCIDE	NTAL USE		
						OWN
						OWN
						OWN

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



8. Has any construction commenced and/or been completed on this parcel since 12:01 a.m., January 1 of last year?						
<ul> <li>9. Is the property, or a portion thereof, for which an exemption is claimed a student bookstore that generates unrelated business taxable income as defined in section 512 of the Internal Revenue Code?</li> <li>YES NO</li> <li>If YES, a copy of the institution's most recent tax return filed with the Internal Revenue Service must accompany this claim. Property taxes, as determined by establishing a ratio of the unrelated business taxable income to the bookstore's gross income, will be levied.</li> </ul>						
10. Has any of the property listed above been used for business purposes other than a student bookstore?						
11. If any business is operated by someone other than the college, attach a copy of the lease or other agreement. Please explain:						
12. Is any equipment or other property being leased or rented from someone else?						
YES NO						
If <b>YES</b> , list on a separate sheet the name and address of the owner and the type, make, model, and serial number of the property. If the property listed is not <b>used exclusively</b> for educational purposes at the collegiate level, please state the other uses of the property. If real property, provide the name and address of the owner.						
The benefit of a property tax exemption must inure to the lessee institution. If taxes paid by the lessor, see section 202.2 of the Revenue and Taxation Code.	d					
ADDITIONAL REQUIRED DOCUMENTATION						
<ul> <li>Attach a separate page showing the requirements for admission. A current catalog showing the requirements may be substituted</li> </ul>						
<ul> <li>substituted.</li> <li>Attach a separate page, or current catalog, listing the degrees conferred upon the graduates and the requirements for each</li> </ul>						
<ul> <li>degree.</li> <li>Attach a copy of the financial statements (balance sheet and operating statement for the preceding fiscal year.)</li> </ul>						
Whom should we contact during normal business hours for additional information?						
NAME TITLE	-					
DAYTIME TELEPHONE EMAIL ADDRESS	_					
	_					

## CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.

SIGNATURE OF PERSON MAKING CLAIM	TITLE
NAME OF PERSON MAKING CLAIM	DATE

