EF-571-M-R06-0806-32000510-1 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.



## Cynthia L. Froggatt **Plumas County Assessor**

1 Crescent Street Quincy, CA 95971 Phone: 530-283-6380 Fax: (530) 283-6195

2. LOCATION OF THE PROPERTY:

CindieFroggatt@countyofplumas.com

Code section 408. Attached schedules are considered to be part of the statement.					reet Address	OH)					
NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address.)      3. DC      If y      rec      4. LC      E-I					ty						
					3. DO YOU OWN THE LAND AT THIS LOCATION?  Yes No						
								yes, is the name on your deed corded as shown on this statement. Yes No			
					OCAL PHONE NUMBER ( )						
					Mail Address (optional)						
					L					RANS: re you filing a claim for veterans' exem	ntion?
					angible property owned, c	laimed, possessed, controlled	, or managed by you at this	location at 12:01 a.m., Jar		Yes No	ption:
he year being reported. In Oo not report property eligi	ventories are exempt from ta ble for this exemption	xation and should not be re	eported for 1980 and fut	ure years. If	yes, a separate "Claim for Veterans' Exe	mption" form must be filed					
				W	ith Assessor on or before February 15.						
DESCRIPTION OF PROPERTY			C- D COST		REMARKS ASSESSOR'S USE ONLY						
5. SUPPLIES			Х								
6. EQUIPMENT			X XXXX								
a. Total cost of all equipment held on January 1, last year			Х								
b. Equipment acquired since January 1, last year			X X X X								
c. Equipment disposed of since January 1, last year			X XXXX								
I Table of Cillian		is year XXX	V								
d. Total cost of all equipment held on January 1, this year  7. OTHER (describe)			^								
	SHOLD IMPROVEMENTS:										
8. BUILDINGS OR LEASEHOLD IMPROVEMENTS: (describe additions and retirements in detail)			YEAR								
NSTRUCTIONS:					TOTAL FULL						
ine 5. Enter the cost of you				VALUE							
		al sheets may be attached. The figure to subtracting the figure for line c.									
ine 7. Enter the date acqu	y other personal property at t			PERSONAL PROPERTY							
tached. ine 8. Describe in detail ar	and retirements to your buildi	ngs, or to your leasehold im	provements to	FIXTURES (IMPROVEMENTS)							
the buildings of your landlord during the year being reported. Do not repeat items that were included in line				6.	(IIVII NOVEIVIEIVIS)						
DECLARATION BY ASSESSEE					PROCESSING DATA						
OWNERSHIP TYPE (4)	Note: The following declaration must be complet signed. If you do not do so, it may result in pen				OPERATION BY	DATE					
roprietorship					ANALYZED						
have examined this property statement, including acco				g schedules,	COMPUTED						
corporation					APPRAISED						
Other	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, 20				REVIEWED						
SIGNATURE OF ASSESSEE OR AU		atement at 12.01 a.m. on	DATE	<u>·                                      </u>	POSTED TO:						
NGIVITORE OF 7135E35EE OR 710		DATE		1031ED 10.							
NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)			TITLE								
NAME OF LEGAL ENTITY (other than DBA) (typed or printed)			FEDERAL EMPLOYER ID NUMBER		TAY ADEA CODE						
NAME OF ELOAL ENTITY (Other trial) DDA) (typed of printed)			LEDENAL EMILLOTEK ID NOMBEK		TAX AREA CODE:						
PREPARER'S NAME AND ADDRESS (typed or printed)  TELEPHONE NUMBER			TITLE		BUS. CODE:						
( )											

\*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.