



**Joaquín Torres**

**Assessor-Recorder**

Office of the Assessor-Recorder  
 1 Dr. Carlton B. Goodlett Place - Room 190  
 San Francisco, CA 94102  
 www.sfassessor.org (415) 554-5596

**SUPPLEMENTAL SCHEDULE FOR REPORTING  
 MONTHLY ACQUISITIONS AND DISPOSALS OF  
 PROPERTY REPORTED ON SCHEDULE B OF THE  
 BUSINESS PROPERTY STATEMENT**

OWNER NAME

MAILING ADDRESS

LOCATION OF PROPERTY

**INSTRUCTIONS**

Report all acquisitions and disposals reported in Columns 1, 2, 3, or 4 on Schedule B for the period January 1, 2024 through December 31, 2024. Indicate the applicable column number in the space provided.

**ADDITIONS** — Describe and enter the total acquisition cost(s), including excise, sales, and use taxes, freight-in, and installation charges, by month of acquisition; transfers-in should also be included. The former property address and date of transfer should be reported, as well as **original** date and cost(s) of acquisition.

Only completed projects should be reported here (e.g., the date the property becomes functional and/or operational, otherwise it should be reported as construction-in-progress).

Identify completed construction that was reported as construction-in-progress on your 2024 property statement. Describe the item(s) and cost(s), as previously reported, on a separate schedule and attach to BOE-571-D.

**DISPOSALS** — Information on this property should include the disposal date, method of disposal (transfer, scrapped, abandoned, sold, etc.) and names and addresses of purchasers when items are either sold or transferred.

ADDITIONS				DISPOSALS				
FROM COLUMN NUMBER	ENTER MONTH & YEAR OF ACQUISITION	DESCRIPTION	COST	FROM COLUMN NUMBER	ENTER MONTH & YEAR OF DISPOSAL	YEAR ACQUIRED	DESCRIPTION	COST

THIS STATEMENT SUBJECT TO AUDIT



ADDITIONS				DISPOSALS				
FROM COLUMN NUMBER	ENTER MONTH & YEAR OF ACQUISITION	DESCRIPTION	COST	FROM COLUMN NUMBER	ENTER MONTH & YEAR OF DISPOSAL	YEAR ACQUIRED	DESCRIPTION	COST

REMARKS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

