EF-263-R12-0617-41000626-1 BOE-263 (P1) REV. 12 (06-17)

## **LESSORS' EXEMPTION CLAIM**

PROPERTY USED FOR FREE PUBLIC LIBRARIES AND FREE MUSEUMS, AND PROPERTY **USED EXCLUSIVELY FOR** PUBLIC SCHOOLS, COMMUNITY COLLEGES, STATE COLLEGES, STATE UNIVERSITIES, UNIVERSITY OF CALIFORNIA, CHURCHES, AND NONPROFIT COLLEGES

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



# MARK CHURCH Assessor - County Clerk - Recorder

555 County Center Redwood City, CA 94063 P 650.363.4500 F 650.599.7435 email: assessor@smcacre.gov web: www.smcacre.gov

This claim must be filed with the Assessor

|  | by February 15.   |                             |                              |  |  |
|--|---|-----------------------------|------------------------------|--|--|
| DENTIFICATION OF ADDITIONAL  |   |                             |                              |  |  |
| IDENTIFICATION OF APPLICANT LESSOR'S CORPORATE OR ORGANIZATION NAME  |   |                             |                              |  |  |
| MAILING ADDRESS  |   |                             |                              |  |  |
| CITY, STATE, ZIP CODE  |   |                             |                              |  |  |
| CORPORATE ID (IF ANY)  |   |                             |                              |  |  |
| IDENTIFICATION OF PROPERTY   |   |                             |                              |  |  |
| ADDRESS OF PROPERTY (NUMBER AND STREET)  |   |                             | FISCAL YEAR OF CLAIM 20 - 20 |  |  |
| CITY, COUNTY, ZIP CODE   |   | ASSESSOR'S PARC             |                              |  |  |
|  | primary and incidental qualifying uses of the property: (if there are numerous properties, please property and the name and address of the  | e attach a list that clearl | y identifies the             |  |  |
| PROPERTY TYPE  | PRIMARY USE   | INCIDENT                    | INCIDENTAL USE               |  |  |
| Land   |   |                             |                              |  |  |
| ☐ Buildings and Improvements   |   |                             |                              |  |  |
| Personal Property  NAME OF QUALIFYING LESSEE INSTITUTION   |   |                             |                              |  |  |
|  |   |                             |                              |  |  |
| MAILING ADDRESS  | C   | ITY, STATE, ZIP CODE        |                              |  |  |
| and free museums, the statute  | see the exclusive right to possession and use of the does not require "exclusive" use.  |                             | •                            |  |  |
|  | 'es No Property in this claim for exemption will be reported by the lessor on a business property statement submitted to the Assessor. (See instructions for property statement filing requirements.) |                             |                              |  |  |
| Yes No An affidavit is attached in which the lessee declares it exclusively uses the property for exempt purposes. If <b>No</b> , the affidavit will be submitted by the lessor with the property statement. |   |                             |                              |  |  |
|  | CERTIFICATION   |                             |                              |  |  |
|  | der the laws of the State of California that the foreg<br>s or documents, is true and correct to the best of m  |                             |                              |  |  |
| SIGNATURE OF PERSON MAKING CLAIM   | DATE  | DATE                        |                              |  |  |
| NAME OF PERSON MAKING CLAIM  |   | TITLE                       |                              |  |  |
| EMAIL ADDRESS  |   | DAYTIME TELEPHONE           | <u> </u>                     |  |  |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



EF-263-R12-0617-41000626

#### **INSTRUCTIONS FOR FILING LESSORS' EXEMPTION CLAIM**

### **IMPORTANT NOTICE**

A qualifying institution is one whose property is **used for** free public libraries and free museums, and for property **used exclusively for** public schools, community colleges, state colleges, state universities, University of California, churches, and nonprofit colleges.

Failure to submit the lessee's affidavit will result in denial of the exemption for the lessor. Submission of the lessee's affidavit after the date the claim form is due (for taxpayers not required to file a property statement) or after the last day for filing the lessor's property statement without penalty under section 463 of the Revenue and Taxation Code (for taxpayers required to file a property statement) will result in a portion of the exemption being denied. A Lessee's Affidavit is not required for free public library or free museum exemption.

A sample affidavit is included as page 3 of this form.

#### **IDENTIFICATION OF APPLICANT**

Enter your company or organization information.

### **FISCAL YEAR**

The fiscal year for which an exemption is sought must be entered correctly. The proper fiscal year follows the lien date (12:01 a.m., January 1) as of which the taxable or exempt status of the property is determined. For example, a person filing a timely claim in February 2017 would enter "2017-2018" on line five of the claim; a "2016-2017" entry on a claim filed in February 2017 would signify that a late claim was being filed for the preceding fiscal year. The lease must be in effect and the property in use on lien date of the fiscal year for which the exemption is sought. Lessors' Exemptions cannot be prorated based on the commencement date of the lease.

#### **USES OF PROPERTY**

Check each of the types of property being claimed, and state the primary and incidental uses of the property.

Enter the name and address of the lessee. If additional space is required, or if more than one lessee is being listed, attach an itemized list.

Confirm, by checking the appropriate box, that the lease confers upon the lessee the **exclusive** right to possession and use of the property, except for free public libraries and free museums.

Check the appropriate box regarding property statement reporting. If you own taxable personal property in any county whose aggregate cost is \$100,000 or more for any assessment year, you must file a property statement with the Assessor of that county whether or not specifically requested to do so. Any person not otherwise required to file a statement shall do so upon request of the Assessor, regardless of aggregate cost.

Check the appropriate box to indicate whether the affidavit is attached or will be submitted with the property statement.

If the property, or a portion thereof, for which exemption is claimed is a student bookstore that generates unrelated business taxable income as defined in section 512 of the Internal Revenue Code, property taxes are determined by establishing a ratio of the unrelated business taxable income to the bookstore's gross income.

### **PROPERTY TAX BENEFITS**

Property tax benefits claimed herein must be passed on to the lessee in the form of:

- (1) Reduction in rental payments (sections 202.2 and 206.2, Revenue and Taxation Code).
- (2) Refund of rental payments, if paid (sections 202.2 and 206.2, Revenue and Taxation Code).
- (3) Claim by lessee under the provisions of section 5096, Revenue and Taxation Code, for a refund of taxes paid by a lessor (section 202.2, Revenue and Taxation Code).

**Note:** Where the lessee files a claim for an exemption and reports leased property, such property will be allowed the exemption if used in an exempt manner.



# **RETURN THIS** AFFIDAVIT TO LESSOR

# AFFIDAVIT FOR EXECUTION BY QUALIFYING INSTITUTIONAL LESSEES

| MAILING ADDRESS  CITY, STATE_ZIP CODE    Check the type of qualifying exclusive use of the property   PUBLIC SCHOOL   STATE UNIVERSITY   NONPROFIT COLLEGE   UNIVERSITY OF CALIFORNIA   STATE COLLEGE   UNIVERSITY OF CALIFORNIA   STATE COLLEGE   CHURCH     STATE_COLLEGE   CHURCH   STATE_COLLEGE   CHURCH     NAME OF LISSOR   STATE_COLLEGE   CHURCH     MAILING ADDRESS     CITY, STATE_ZIP CODE   | NAME OF QUALIFYI            | NG LESSEE INSTITUTION  |  |   |  |  |
|--|-----------------------------|--|--|---|--|--|
| Check the type of qualifying exclusive use of the property    PUBLIC SCHOOL   STATE UNIVERSITY   NONPROFIT COLLEGE     STATE COLLEGE   UNIVERSITY OF CALIFORNIA     STATE COLLEGE   CHURCH     NAME OF LESSOR  | MAILING ADDRESS             |  |  |   |  |  |
| PUBLIC SCHOOL   STATE UNIVERSITY   NONPROFIT COLLEGE   COMMUNITY COLLEGE   UNIVERSITY OF CALIFORNIA   STATE COLLEGE   CHURCH   | CITY, STATE, ZIP CO         | DDE  |  |   |  |  |
| STATE COLLEGE  | Check the typ               | e of qualifying exclusive us   | se of the property   |   |  |  |
| STATE COLLEGE  | ☐ PUBLIC SCHOOL             |  | ☐ STATE UNIVERSITY   | ☐ NONPROFIT COLLEGE   |  |  |
| NAME OF LESSOR  MALING ADDRESS  CITY, STATE, ZIP CODE  COMMENCEMENT DATE OF LEASE  DATE PROPERTY PUT TO EXEMPT USE  PLEASE ATTACH A COPY OF THE LEASE AGREEMENT  The following property is leased as of January 1 of this year. If personal property is being leased, indicate the type, make, model, serial number etc. Attach a separate listing if necessary.  PROPERTY TYPE  (REAL OR PERSONAL)  PROPERTY DESCRIPTION  PROPERTY DESCRIPTION  PROPERTY DESCRIPTION  The property, or a portion thereof so used is not eligible for exemption.  The property or a portion thereof, is a student bookstore that generates unrelated business taxable income as defined in section 512 of the Internal Revenue Code.  If Yes, a copy of the institution's most recent tax return filed with the Internal Revenue Service must accompany this affidavit. Property taxes are determined by establishing a ratio of the unrelated business taxable income to the bookstore's gross income.  CERTIFICATION  I understand that the lessor has filed for a property tax exemption on the above property leased to this institution, and that any benefit from the exemption must go to this institution by way of a reduction in retail payments or a return din an amount equal to the reduction in taxes. I certify (or declare) under penalty of perjuny under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true and correct to the best of my knowledge and belief.  SIGNATURE OF PERSON MAKING CLAIM  ITTLE  | ☐ COMMUNITY COLLEGE         |  | UNIVERSITY OF CALIFORN   | UNIVERSITY OF CALIFORNIA  |  |  |
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|  | SIGNATURE OF PERSO          | ON MAKING CLAIM  |  | DATE  |  |  |
| EMAIL ADDRESS  DAYTIME TELEPHONE  ( )  | NAME OF PERSON MAKING CLAIM |  |  | TITLE   |  |  |
| DAY TIME TELEPHONE  ( )  | EMAIL ADDRESS               |  |  | DAYTIME TELEDI IONIT  |  |  |
|  | LIVIAIL AUDRESS             |  |  | ( )   |  |  |

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

