



**Glenn Zook**  
**Solano County Assessor/Recorder**  
 675 Texas Street Ste 2700  
 Fairfield CA 94533-6338  
 (707) 784-6210  
<https://www.solanocounty.com/depts/ar>  
[assessor@solanocounty.gov](mailto:assessor@solanocounty.gov)

BOE-571-D (P1) REV. 25 (05-23)

**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, 2023 through December 31, 2023. 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 2023 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:

---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---