



Deva Marie Proto  
Sonoma County Clerk-Recorder-Assessor

585 Fiscal Dr., Rm 104  
Santa Rosa, CA 95403-2872  
Telephone: (707) 565-1888  
FAX: (707) 565-3317  
sonomacounty.ca.gov/assessor

**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, 2022 through December 31, 2022. 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 2022 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:

---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---

