COLLEGE EXEMPTION CLAIM



KATHY SCRIVEN SUTTER COUNTY ASSESSOR

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This claim is filed for fisca	al year	20		- 20	
(Example: a person filing a	timely	claim	in	January	2011
would enter "2011-2012.")					

This claim must be filed by 5:00 p.m., February 15.

	CLAIMANT NAME AND MAILING ADDRESS					
	(Make necessary corrections to the printed name		F	OR ASSESSOR'S	S USE ONLY	,
			Dessived by			
			Received by	(Assessor's d	lesignee)	
			of			
		I		(county o	r city)	
		L	on	(dat	e)	
NA	ME OF CLAIMANT				·	
TIT	LE OF CLAIMANT			DA (YTIME TELEPH	ONE NUMBER
CC	PRPORATE NAME OF THE COLLEGE					
AD	DRESS (Street, City, County, State, Zip Code)					
AS	SESSOR'S PARCEL NUMBER OR LEGAL DESCR	RIPTION		DATE PROPERTY V	VAS FIRST USE	D BY CLAIMANT
1	Owner and operator: (check applicable bo)	xes)				
	Claimant is: Owner and operator		y			
	and claims exemption on all 🛛 🗌 Land	Buildings and improvements	and/or	Personal property		
2.	Does the above institution qualify as a colle	ege or seminary of learning under t	he laws of the Sta	ate of California?		
3.	Is the institution conducted as a non-profit	entity?				
	YES NO					
4.	Does the institution require for regular adm YES NO	hission the completion of a four-yea	r high school cou	rse or its equivalen	t?	
	Does the institution confer upon its graduate and sciences, or on a course of at least thr veterinary medicine, pharmacy, architectur	ee years in professional studies, su	ch as law, theolog			
6.	Is the property for which the exemption is a	claimed used exclusively for the pr	irposes of educat	tion?		
		· · · · · · · · · · · · · · · · · · ·				
	List all buildings and other improvements for sheet if necessary. Indicate whether leased					
	BUILDING & IMPROVEMENTS	PRIMARY USE		ITAL USE		

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION



 8. Has any construction commenced and/or been completed on this parcel since 12:01 a.m., January 1 of last year? YES NO If YES, please explain: 					
 9. Is the property, or a portion thereof, for which an exemption is claimed a student bookstore that generates unrelated business taxable income as defined in section 512 of the Internal Revenue Code? YES NO If YES, a copy of the institution's most recent tax return filed with the Internal Revenue Service must accompany this claim. Property taxes, as determined by establishing a ratio of the unrelated business taxable income to the bookstore's gross income, will be levied. 					
10. Has any of the property listed above been used for business purposes other than a student bookstore?					
11. If any business is operated by someone other than the college, attach a copy of the lease or other agreement. Please explain:					
 12. Is any equipment or other property being leased or rented from someone else? YES NO If YES, list on a separate sheet the name and address of the owner and the type, make, model, and serial number of the property. If the property listed is not used exclusively for educational purposes at the collegiate level, please state the other uses of the property. If real property, provide the name and address of the owner. 					
The benefit of a property tax exemption must inure to the lessee institution. If taxes paid by the lessor, see section 202.2 of the Revenue and Taxation Code.					
ADDITIONAL REQUIRED DOCUMENTATION					
 Attach a separate page showing the requirements for admission. A current catalog showing the requirements may be substituted. 					
 Attach a separate page, or current catalog, listing the degrees conferred upon the graduates and the requirements for each degree. 					
Attach a copy of the financial statements (balance sheet and operating statement for the preceding fiscal year.) Whom should we contact during normal business hours for additional information?					
NAME					
DAYTIME TELEPHONE EMAIL ADDRESS					

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief.

SIGNATURE OF PERSON MAKING CLAIM	TITLE
NAME OF PERSON MAKING CLAIM	DATE

