EF-571-M-R06-0806-54000140-1 BOE-571-M (FRONT) REV. 6 (8-06)

## \_ MISCELLANEOUS PROPERTY STATEMENT

## OFFICIAL REQUIREMENT

A report submitted on this form is required of you by section 441(a) of the Revenue and Taxation Code (Code). The statement must be completed according to the instructions and filed with the Assessor on or before April 1, 20\_\_\_\_. Failure to file it on time will compel the Assessor's Office to estimate the value of your property from other information in its possession and add a penalty of 10 percent as required by Code section 463. This statement is not a public document. The information

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



## Tara K. Freitas County Assessor/Clerk-Recorder

221 S. Mooney Blvd., Room 102-E Visalia, CA 93291-4593 Ph: (559) 636-5100 Fax: (559) 737-4468

intellined herein will be held secret by the Assessor (code section 431), it can be intelled secret by the Assessor (code section 431), it can be intelled secret by the Assessor (code section 431), it can be intelled secret by the Assessor (code section 431), it can be intelled secret by the Assessor (code section 431), it can be intelled secret by the Assessor (code section 431), it can be intelled secret by the Assessor (code section 431), it can be intelled secret by the Assessor (code section 431), it can be intelled secret by the Assessor (code section 431), it can be intelled secret by the Assessor (code section 431), it can be intelled secret by the Assessor (code section 431), it can be intelled secret by the Assessor (code section 431), it can be intelled secret by the Assessor (code section 431), it can be intelled secret by the Assessor (code section 431), it can be intelled section (code section 431).						OCATION OF THE PROPERTY: ile a separate statement for each location) creet Address			
. NAME AND MAILING ADDRESS (Make necessary corrections to the printed name and mailing address.)						City  3. DO YOU OWN THE LAND AT THIS LOCATION?  Yes No  If yes, is the name on your deed recorded as shown on this statement. Yes No  4. LOCAL PHONE NUMBER			
	aimed, possessed, controlled ventories are exempt from ta ble for this exemption.				VETE Ar uary 1 of Ire years.  If y	Mail Address (optiona RANS: e you filing a claim fo Yes No yes, a separate "Claim" th Assessor on or befo	r veterans' exemptior for Veterans' Exemptio		
DESCRIPTION OF PROPERTY			DATE AC- QUIRED	COST		REMARKS ASSESSOR'S USE ONLY			
5. SUPPLIES	XXXX								
6. EQUIPMENT			XXXX	XXXX					
a. Total cost of all equipment held on January 1, last year			XXXX						
b. Equipment acquired since January 1, last year			XXXX	XXXX					
c. Equipment disposed of since January 1, last year			XXXX	XXXX					
d. Total cost of all equipment held on January 1, this year			XXXX						
7. OTHER (describe)									
BUILDINGS OR LEASEHOLD IMPROVEMENTS:     (describe additions and retirements in detail)			MONTH & YE	AR					
NSTRUCTIONS: ine 5. Enter the cost of your supplies.						TOTAL FULL VALUE			
ine 6. List individually items acquired or disposed of since January 1 of last year. Additional sheets may be attached. The figure to be entered on line d may be computed by adding the figures for lines a and b and subtracting the figure for line c.  Enter the date acquired, cost, and description of any other personal property at this location. Additional sheets may be at-						PERSONAL PROPER	RTY		
tached. ine 8. Describe in detail an the buildings of you		FIXTURES (IMPROVEMENTS)							
		DECLARATI	ON BY ASS	SESSEE			PROCESSING DA	ιΤΑ	
OWNERSHIP TYPE (4)	ration must	st be completed and result in penalties.		OPERATION	ВҮ	DATE			
roprietorship artnership				vs of the State of California that I uding accompanying schedules, t of my knowledge and belief it is roperty required to be reported or managed by the person named		ANALYZED  COMPUTED  APPRAISED  REVIEWED			
IGNATURE OF ASSESSEE OR AUT		DATE		POSTED TO:					
IAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)				TITLE					
IAME OF LEGAL ENTITY (other than DBA) (typed or printed)				FEDERAL EMPLOYER ID NUMBER		TAX AREA CODE:			
REPARER'S NAME AND ADDRESS (typed or printed)  TELEPHONE NUMBER  ( )			ER T	TTLE		BUS. CODE:			

THIS STATEMENT SUBJECT TO AUDIT



<sup>\*</sup>Agent: see back for Declaration by Assessee instructions.

## **DECLARATION BY ASSESSEE**

The law requires that this property statement, regardless of where it is executed, shall be declared to be true under penalty of perjury under the laws of the State of California. The declaration must be signed by the assessee, a duly appointed fiduciary, or a person authorized to sign on behalf of the assessee. In the case of a corporation, the declaration must be signed by an officer or by an employee or agent who has been designated in writing by the board of directors, by name or by title, to sign the declaration on behalf of the corporation. In the case of a partnership, the declaration must be signed by a partner or an authorized employee or agent. In the case of a Limited Liability Company (LLC), the declaration must be signed by an LLC manager, or by a member where there is no manager, or by an employee or agent designated by the LLC manager or by the members to sign on behalf of the LLC.

When signed by an employee or agent, other than a member of the bar, a certified public accountant, a public accountant, an enrolled agent or a duly appointed fiduciary, the assessee's written authorization of the employee or agent to sign the declaration on behalf of the assessee must be filed with the Assessor. The Assessor may at any time require a person who signs a property statement and who is required to have written authorization to provide proof of authorization.

A property statement that is not signed and executed in accordance with the foregoing instructions is not validly filed. The penalty imposed by section 463 of the Revenue and Taxation Code for failure to file is applicable to unsigned property statements.