

**RETURN THIS ORIGINAL FORM.
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FILE RETURN BY APRIL 3, 2017**

DECLARATION OF COSTS AND OTHER RELATED PROPERTY INFORMATION
AS OF 12:01 A.M., JANUARY 1, 2017

ACCOUNT NUMBER	LA BY		LA BY
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NAME AND MAILING ADDRESS
(Make necessary corrections to the printed name and mailing address.)

<p>Local Telephone Number () _____ Fax Number () _____ E-Mail Address _____ Enter location of general ledger and all related accounting records (include zip code):</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">STREET</td> <td style="width:15%;">CITY</td> <td style="width:15%;">STATE</td> <td style="width:10%;">ZIP</td> </tr> </table> <p>Enter name and telephone number of authorized person to contact at location of accounting records: _____</p>	STREET	CITY	STATE	ZIP	<p>LOCATION OF THE PROPERTY (street, city) <i>(file a separate statement for each location)</i></p> <p>2. Enter the total number of units for the location listed. Do you live in one of the units? <input type="text"/> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, enter the unit number _____</p> <p>3. During the period of January 1, 2016 through December 31, 2016: (1) Did any individual or legal entity (corporation, partnership, limited liability company, etc.) acquire a "controlling interest" (see instructions for definition) in this business entity? <input type="checkbox"/> Yes <input type="checkbox"/> No (2) If YES, did this business entity also own "real property" (see instructions for definition) in California at the time of acquisition? <input type="checkbox"/> Yes <input type="checkbox"/> No (3) If YES to both questions (1) and (2), filer must submit form BOE-100-B, <i>Statement of Change in Control and Ownership of Legal Entities</i>, to the State Board of Equalization. See instructions for filing requirements.</p>
STREET	CITY	STATE	ZIP		

CAREFULLY READ AND FOLLOW THE ACCOMPANYING INSTRUCTIONS.

1. If you no longer own this property as of January 1 of this year, show the name and mailing address of the new owner:

Name _____
 Mailing Address _____
 City and State _____ Zip Code _____

<p>4. Do any other individuals, partnerships or corporations do business or own personal property (other than household furniture and personal effects of your tenants) located on your premises? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list below.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">NAME AND ADDRESS OF OWNER OF SUCH PROPERTY</th> <th style="width:50%;">NATURE OF THE BUSINESS OR PROPERTY</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> <p>5. Do you hold furniture or equipment belonging to others on a loan, rental, or lease basis? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list below.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">NAME AND ADDRESS OF OWNER OF SUCH PROPERTY</th> <th style="width:50%;">QUANTITY AND DESCRIPTION</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> <p>6. ENTER BELOW the number of fully furnished, partly furnished (e.g., stoves and refrigerators, not built-in), and unfurnished units. Also complete Schedule A of the back. Do not include, either here or in Schedule A, any unit in which you live.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>SLP. ROOM</th> <th>STUDIO</th> <th>1 BEDRM.</th> <th>2 BEDRM.</th> <th>3 BEDRM.</th> <th>LARGER</th> </tr> </thead> <tbody> <tr> <td>FULLY FURNISHED</td> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td>PARTLY FURNISHED</td> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td>UNFURNISHED</td> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td>TOTALS</td> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </tbody> </table> <p>7. Supplies Cost \$</p> <p>8. Furniture and appliances Enter From Schedule A \$</p> <p>9. Other furniture and equipment Enter From Schedule B \$</p> <p>10.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;"></td> <td>TOTAL FULL VALUE</td> </tr> <tr> <td></td> <td>PERSONAL PROPERTY</td> </tr> <tr> <td></td> <td>FIXTURES</td> </tr> <tr> <td></td> <td>OTHER IMPROVEMENTS</td> </tr> <tr> <td></td> <td>LAND</td> </tr> </table>	NAME AND ADDRESS OF OWNER OF SUCH PROPERTY	NATURE OF THE BUSINESS OR PROPERTY					NAME AND ADDRESS OF OWNER OF SUCH PROPERTY	QUANTITY AND DESCRIPTION						SLP. ROOM	STUDIO	1 BEDRM.	2 BEDRM.	3 BEDRM.	LARGER	FULLY FURNISHED							PARTLY FURNISHED							UNFURNISHED							TOTALS								TOTAL FULL VALUE		PERSONAL PROPERTY		FIXTURES		OTHER IMPROVEMENTS		LAND	<p>ASSESSOR'S USE ONLY</p> <p>FXT PPT</p>
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