

**RETURN THIS ORIGINAL FORM.
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FILE RETURN BY APRIL 2, 2018**

**DECLARATION OF COSTS AND OTHER RELATED PROPERTY INFORMATION
AS OF 12:01 A.M., JANUARY 1, 2018**

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

LOCATION OF THE PROPERTY (street, city)
(file a separate statement for each location)

Local Telephone Number () _____ Fax Number () _____
E-Mail Address _____
Enter location of general ledger and all related accounting records (include zip code):
STREET _____ CITY _____ STATE _____ ZIP _____

2. Enter the total number of units for the location listed. _____
Do you live in one of the units?
 Yes No

3. If YES, enter the unit number _____
During the period of January 1, 2017 through December 31, 2017:
(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?
 Yes No

Enter name and telephone number of authorized person to contact at location of accounting records:
Name _____ Telephone _____

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 _____

- (2) If YES, did this business entity also own "real property" (see instructions for definition) in California at the time of acquisition?
 Yes No
- (3) If YES to both questions (1) and (2), filer must submit form BOE-100-B, *Statement of Change in Control and Ownership of Legal Entities*, to the State Board of Equalization. See instructions for filing requirements.

4. Do any other individuals, partnerships or corporations do business (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.							ASSESSOR'S USE ONLY
NAME AND ADDRESS OF OWNER OF SUCH PROPERTY				NATURE OF THE BUSINESS OR PROPERTY			
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.							FXT PPT
NAME AND ADDRESS OF OWNER OF SUCH PROPERTY				QUANTITY AND DESCRIPTION			
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.							
	SLP. ROOM	STUDIO	1 BEDRM.	2 BEDRM.	3 BEDRM.	LARGER	
FULLY FURNISHED							
PARTLY FURNISHED							
UNFURNISHED							
TOTALS							
7. Supplies							Cost \$
8. Furniture and appliances							Enter From Schedule A \$
9. Other furniture and equipment							Enter From Schedule B \$
10.							
							TOTAL FULL VALUE
							PERSONAL PROPERTY
							FIXTURES
							OTHER IMPROVEMENTS
							LAND

SCHEDULES OF DEPRECIABLE PROPERTY-SCHEDULES A and B. Items may be listed separately within the year of acquisition on a separate schedule, or items may be grouped by year of acquisition and listed on the schedules below. If you purchased the property as a unit, report on Schedule A & B the previous owner's original cost by the original year of acquisition of the furniture and equipment that was included in your purchase.

Enter the total installed cost including freight, excise taxes, and sales and use taxes of all furniture, and other equipment located on the premises. **Include fully depreciated items.** Do not include licensed vehicles. Depreciation schedules may be attached if they provide the desired information.

SCHEDULE A		FURNITURE AND APPLIANCES (include items in storage; do not include built-ins)		SCHEDULE B		OTHER FURNITURE AND EQUIPMENT (office, lobby, laundry, pool, vending, signs, fire extinguishers)	
Year of Acquisition	Original Installed Cost (NOT depreciated book value)	FOR ASSESSOR'S USE ONLY		Year of Acquisition	Original Installed Cost (NOT depreciated book value)	FOR ASSESSOR'S USE ONLY	
		Factor	Value			Factor	Value
2017				2017			
2016				2016			
2015				2015			
2014				2014			
2013				2013			
2012				2012			
2011				2011			
2010				2010			
2009				2009			
2008				2008			
2007 & prior				2007 & prior			
TOTAL COST \$ _____ Enter on line 8, page 1.				TOTAL COST \$ _____ Enter on line 9, page 1.			

REMARKS:

DECLARATION BY ASSESSEE

Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties.

I declare under penalty of perjury under the laws of the State of California that I have examined this property statement, including accompanying schedules, statements or other attachments, and to the best of my knowledge and belief it is true, correct, and complete and includes all property required to be reported which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this statement at 12:01 a.m. on January 1, 2018.

OWNERSHIP TYPE (✓) Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____ <input type="checkbox"/>	SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT* ▶	DATE
	NAME OF ASSESSEE OR AUTHORIZED AGENT* (typed or printed)	TITLE
	NAME OF LEGAL ENTITY (other than DBA) (typed or printed)	FEDERAL EMPLOYER ID NUMBER
	PREPARER'S NAME AND ADDRESS (typed or printed)	TELEPHONE NO. ()

*Agent: See page 3 for Declaration by Assessee instructions.