



**BUSINESS PROPERTY STATEMENT**



**MARK CHURCH**  
**COUNTY OF SAN MATEO**  
 ASSESSOR - COUNTY CLERK - RECORDER  
 & CHIEF ELECTIONS OFFICER

555 COUNTY CENTER, REDWOOD CITY, CA 94063-1665  
 www.smcare.org

(Declaration of costs and other related property information  
 as of 12:01 A.M., January 1, 2018).

**FILE RETURN BY APRIL 2, 2018**

**FOR ASSISTANCE CALL (650) 363-4501**

NAME AND MAILING ADDRESS

(Make necessary corrections to the printed name and mailing address)

**ASSESSOR'S USE ONLY**

BUSINESS CODE	ACCOUNT NUMBER
TAX AREA	PARCEL

LOCATION OF THE BUSINESS PROPERTY

STREET

CITY

RETURN THIS ORIGINAL FORM. COPIES WILL NOT BE ACCEPTED.  
 FILE A SEPARATE STATEMENT FOR EACH LOCATION.

**PART I: GENERAL INFORMATION**

COMPLETE (a) THRU (g)

- a. Enter type of business: \_\_\_\_\_
- b. Enter local telephone number \_\_\_\_\_ FAX number \_\_\_\_\_  
 Email Address \_\_\_\_\_
- c. Do you own the land at this business location?  Yes  No  
 If **yes**, is the name on your deed recorded as shown on this statement?  Yes  No
- d. When did you start business at this location? DATE: \_\_\_\_\_  
 If your business name or location has changed from last year, enter the former name and/or location: \_\_\_\_\_
- e. Enter location of general ledger and all related accounting records (include zip code): \_\_\_\_\_

- f. Enter name and telephone number of authorized person to contact at location of accounting records: \_\_\_\_\_
- g. 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
  - (2) If YES, did this business entity also own "real property" (see instructions for definition) in California at the time of the 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.

**PART II: DECLARATION OF PROPERTY BELONGING TO YOU**  
 (attach schedule for any adjustment to cost)

1. Supplies	2. Equipment (From line 35)	3. Equipment out on lease, rent, or conditional sale to others (Attach Schedule)	4. Bldgs., Bldg. Impr., and/or Leasehold Impr., Land Impr., Land (From line 71)	5. Construction in Progress (Attach Schedule)	6. Alternate Schedule A (See instructions)	7.	8.	COST (omit cents) (see instructions)	ASSESSOR'S USE ONLY	

**PART III: DECLARATION OF PROPERTY BELONGING TO OTHERS - IF NONE WRITE "NONE"**

(SPECIFY TYPE BY CODE NUMBER)

Report conditional sales contracts that are not leases on Schedule A

- 1. Leased equipment
- 2. Lease-purchase option equipment
- 3. Capitalized leased equipment
- 4. Vending equipment
- 5. Other businesses
- 6. Government-owned property

Tax Obligation: A. Lessor B. Lessee

9. Lessor's name Mailing address	Year of Acq.	Year of Mfr.	Description and Lease or Identification Number	Cost to Purchase New	Annual Rent
10. Lessor's name Mailing address					

**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
  - Partnership
  - Corporation
  - Other \_\_\_\_\_

SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT\* \_\_\_\_\_ DATE \_\_\_\_\_

- BUSINESS DESCRIPTION (✓)
- Retail
  - Wholesale
  - Manufacturer
  - Service / Professional

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 NUMBER ( ) \_\_\_\_\_ TITLE \_\_\_\_\_

\*Agent: See page 7 for Declaration by Assessee instructions.

**THIS STATEMENT SUBJECT TO AUDIT**  
**INFORMATION PROVIDED ON A PROPERTY STATEMENT MAY BE SHARED WITH THE STATE BOARD OF EQUALIZATION**