COUNTY OF LOS ANGELES • OFFICE OF THE ASSESSOR
500 WEST TEMPLE STREET • LOS ANGELES, CA 90012-2770
Telephone: 213.974.3211 • Email: *helpdesk@assessor.lacounty.gov* • Website: *assessor.lacounty.gov*
Si desea ayuda en Español, llame al número 213.974.3211

INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS ACCOMPANYING FORM 571-L PRIOR TO COMPLETING THIS SUPPLEMENTAL SCHEDULE

THIS SUPPLEMENTAL SCHEDULE FOR THE LINEN SERVICE INDUSTRY ON THE REVERSE SIDE IS REQUIRED TO BE FILED IN ADDITION TO THE PREPRINTED BUSINESS PROPERTY STATEMENT, FORM 571-L.

YOU ARE INSTRUCTED TO USE ***THIS*** SCHEDULE, DESIGNED FOR YOUR SPECIFIC BUSINESS TO REPORT THE REQUESTED INFORMATION.

IF ADDITIONAL INFORMATION IS NEEDED, PLEASE CONTACT THE ASSESSOR'S OFFICE CITED ON THE FACE OF YOUR BUSINESS PROPERTY STATEMENT.

COMPLETE THIS FORM AS FOLLOWS:

NAME and LOCATION: Enter the NAME and LOCATION OF PROPERTY as indicated on the front of your Business Property Statement, Form 571-L. Make necessary corrections to the printed name and mailing address.

DESCRIPTION: Enter the type(s) of item(s) that comprise your stock in trade; Towels, Wiping Rags, Diapers, Gloves, Sheets, Uniforms, etc.

USEFUL LIFE: Using industry standards, enter the service life applicable for each type of stock reported.

PURCHASES: Enter from your books and records the total cost of all stock in trade purchases for each of the past three (3) ***calendar*** years in the designated columns. Indicate the actual number of months purchases if total reported purchases are less than 36 months. Include sales tax and freight.

COST OF SALES: Enter the total cost of all linen ***sold*** in the past three (3) ***calendar*** years.

NET TOTAL: Deduct the cost of sales above from the total purchases for the past three calendar years and enter the net amount.

REPORT ALL OTHER PROPERTY AS REQUIRED ON FORM 571-L.

ATTACH THIS SUPPLEMENTAL SCHEDULE TO YOUR CORRESPONDING FORM 571-L AND RETURN BOTH TO THE ASSESSOR BY DATE INDICATED.

COUNTY OF LOS ANGELES • OFFICE OF THE ASSESSOR

LINEN SERVICE REPORT, 20_____

ASSESSOR'S USE ONLY

COMPANY NAME	ROUTE / SITUS
LOCATION OF PROPERTY	COMPANY NUMBER

DESCRIPTION (Type of Linen)	USEFUL LIFE (Months)	PURCHASES (Past three years) per books and records Year _____	Year _____	Year _____	TOTAL	COST OF SALES (Deduct)	NET TOTAL SERVICE LINEN	FACTOR	FULL CASH VALUE
					0		0		
					0		0		
					0		0		
					0		0		
					0		0		
					0		0		
					0		0		
					0		0		
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					0		0		
					0		0		
					0		0		
					0		0		
					0		0		
					0		0		
Indicate the actual number of months purchases if total reported purchases are less than 36 months.								TOTAL	