2013 SUPPLEMENTAL SCHEDULE TO FORM 571-L FOR HOTELS AND MOTELS 2013

NAME	ROUTE	SITUS	COMPANY NO.

LOCATION OF PROPERTY

GENERAL INFORMATION *(Complete this Section)*

TYPE OF FACILITY *(Check One)*: LUX ____ STD ____ ECON ____

NO. OF ROOMS: TOTAL _____

RESTAURANT: YES ____ NO ____

BAR: YES ____ NO ____

BANQUET ROOM: YES ____ NO ____

COST DETAIL: EQUIPMENT

Include equipment expensed and fully depreciated items. Include sales or use tax, freight and installation costs. Attach schedules as needed. Lines 18 and 30 "Prior" - Report detail by year(s) of acquisition on a separate schedule.

LINE NO.	CALENDAR YEAR OF ACQUISITION	HOTEL FURNISHINGS AND TELEPHONE SYSTEM 80			OFFICE FURNITURE AND EQUIPMENT 22			SIGNS, RESTAURANT, KITCHEN AND LAUNDRY EQUIPMENT 81			TELEVISIONS 82		
		COST	ASSESSOR'S USE ONLY		COST	ASSESSOR'S USE ONLY		COST	ASSESSOR'S USE ONLY		COST	ASSESSOR'S USE ONLY	
1	2012												
2	2011												
3	2010												
4	2009												
5	2008												
6	2007												
7	2006												
8	2005												
9	2004												
10	2003												
11	2002												
12	2001												
13	2000												
14	1999												
15	1998												
16	1997												
17	1996												
18	Prior												
19	Total	0			0			0			0		

LINE NO.	CALENDAR YEAR OF ACQUISITION	COMPUTERS, RESERVATION SYSTEM, ETC. 25			CARPETS, DRAPES 83		
		COST	ASSESSOR'S USE ONLY		COST	ASSESSOR'S USE ONLY	
20	2012						
21	2011						
22	2010						
23	2009						
24	2008						
25	2007						
26	2006						
27	2005						
28	2004						
29	2003						
30	Prior						
31	Total	0			0		

LINE NO.	OTHER SUPPLIES See Instructions - reverse					
	RESTAURANT, KITCHEN AND BAR SUPPLIES			BEDDING, UNIFORMS, LINEN (OWNED), ETC.		
	COST	ASSESSOR'S USE ONLY		COST	ASSESSOR'S USE ONLY	
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44	0			0		

32	**Add totals on lines 19 and 31 (not line 44). Enter here and on line 6, Part II, page (P1) of Form 571-L.**	0

TAXPAYER'S REMARKS	ASSESSOR'S USE ONLY

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

GENERAL INFORMATION

This supplemental schedule for Hotels and Motels replaces the original Schedule A on the preprinted Business Property Statement, Form 571-L. Use this schedule, designed for your specific business, to report your "Cost of Equipment" by year of acquisition. DO NOT use Schedule A on the preprinted Form 571-L.

REPORT ALL EQUIPMENT OWNED BY YOU ON THIS SUPPLEMENTAL SCHEDULE. REPORT ALL BUILDING OR LEASEHOLD IMPROVEMENTS ON SCHEDULE B, PAGE (P2) OF FORM 571-L.

Attach this supplemental schedule to your corresponding Form 571-L. Other schedules may be submitted and attached to Form 571-L to report additional information, which will assist the Assessor in determining the fair market value.

If additional information is needed, please contact the Assessor's office cited on the face of your Form 571-L.

NAME

Enter the name of assessee as shown on the front of the preprinted Form 571-L.

LOCATION OF PROPERTY

Enter the location of property as shown on the front of the preprinted Form 571-L. If no location is shown, enter the correct street address, city, and ZIP code where your property is located.

COST DETAIL: EQUIPMENT

LINES 1-18 and 20-30

Enter in the appropriate column the cost of your equipment segregated by calendar year of acquisition. Report full cost; do not deduct investment credits, trade-in allowances or depreciation. Include equipment acquired through a lease-purchase agreement at the selling price effective at the inception of the lease and report the year of the lease as the year of acquisition. (If final payment has ***not*** been made, report such equipment in Part III, page (P1) of Form 571-L.) Exclude the cost of equipment actually removed from the site. The cost of equipment retired, but not removed from the site, must be reported. Total each column.

LINE 32

Enter the total of all columns from lines 19 and 31 (not line 44). Enter the same total on line 6, Part II, page (P1) of the preprinted Form 571-L.

OTHER SUPPLIES

LINES 33-43

Report "OTHER SUPPLIES" in the columns provided, including the original purchase or setup cost. Enter the totals onto lines 7 and 8, Part II, page (P1) of the preprinted Form 571-L. Do not duplicate the reporting of "OTHER SUPPLIES" with that shown on line 1, Part II, page (P1).

If supplies are directly expensed, indicate the amounts for the previous 5 years on a separate attachment.