

571-R

APARTMENT HOUSE PROPERTY STATEMENT

COUNTY OF LOS ANGELES • JEFFREY PRANG, ASSESSOR, 500 W. TEMPLE ST., ROOM 230, LOS ANGELES, CA 90012-2770
 Telephone: 213.974.8613 • Email: *businesspp@assessor.lacounty.gov* • Website: *assessor.lacounty.gov* • Si desea ayuda en Español, llame al número 213.974.3211
 (Declaration of costs and other related property information as of 12:01 A.M., January 1, 2019)

2019

141	ROUTING	SITUS	SUB	USE		FILE RETURN BY APRIL 1, 2019	TAX RATE	ASSESSOR'S USE ONLY		
INDEX	INDEX	TYPE	CODE	ACCT FORM			AREA	MAP BOOK	PAGE	PARCEL

RETURN THIS ORIGINAL FORM. COPIES WILL NOT BE ACCEPTED. **ASSESSOR'S USE ONLY**

NAME AND MAILING ADDRESS *(Make necessary corrections to the printed name and mailing address.)*

COMPANY NUMBER 8
0
1

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

Local Telephone Number () _____ Fax Number () _____

Email Address _____

Enter location of general ledger and all related accounting records *(include zip code)*:

STREET	CITY	STATE	ZIP
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Enter name and telephone number of authorized person to contact at location of accounting records:

()

2. Enter the total number of units for the location listed. 163

Do you live in one of the units? Yes No

If **yes**, enter the unit number _____

3. During the period of January 1, 2018 through December 31, 2018:
- (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.

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 _____

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? Yes No If **yes**, list below.

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? Yes No If **yes**, list below.

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. **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	ASSESSOR'S USE ONLY		
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.									

ASSESSOR'S USE ONLY	TOTAL FULL VALUE			
	PERSONAL PROPERTY			
	FIXTURES			
	OTHER IMPROVEMENTS			
	LAND			
	DEPUTY:			DATE
	ASSESSOR'S ESTIMATE			
	APPROVED BY:			DATE
	TXN			BATCH NUMBER

*Agent: See 571-R INST (ASSR-525) for Declaration by Assessee instructions.

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 Schedules 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 <i>(include items in storage; do not include built-ins)</i>				SCHEDULE B OTHER FURNITURE AND EQUIPMENT <i>(office, lobby, laundry, pool, vending, signs, fire extinguishers)</i>			
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
2018				2018			
2017				2017			
2016				2016			
2015				2015			
2014				2014			
2013				2013			
2012				2012			
2011				2011			
2010				2010			
2009				2009			
2008 & prior				2008 & 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, 2019.

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 NUMBER ()	TITLE

*Agent: See 571-R INST (ASSR-525) for Declaration by Assessee instructions.