

SHORT TERM RENTAL PROPERTY STATEMENT FOR 2024

(Declaration of costs and other related property information as of 12:01 A.M., January 1, 2024)

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

FILE RETURN BY APRIL 1, 2024.

<i>Assessor's Use Only</i> ACCOUNT NUMBER	<i>Assessor's Use Only</i> BAN	<i>Assessor's Use Only</i> ASSESSOR'S PARCEL/ID NUMBER
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1. NAME AND MAILING ADDRESS

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

PART 1: GENERAL INFORMATION				2. LOCATION OF THE PROPERTY <i>(street, city)</i>	
Local Telephone Number () Fax Number ()		Email Address			
Enter location of general ledger and all related accounting records <i>(include zip code)</i> :					
STREET		CITY	STATE	ZIP	When did you start business at this location? DATE:
PART 2: LEASED PROPERTY				ASSESSOR'S USE ONLY	
3. Do you own the personal property (i.e., household furniture and personal effects) located at your short term rental property location? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If NO, list below NAME AND ADDRESS OF OWNER AND DESCRIPTION OF SUCH PROPERTY					
PART 3: DECLARATION OF PERSONAL PROPERTY BELONGING TO YOU (use Schedule A on page 2 to complete totals below)					
4. Supplies		Enter cost estimate of supplies on hand available to rental guests			
		\$			
5. Furniture & Belongings		Enter total costs from page 2			
		\$			
6. Kitchen Appliances		Enter total costs from page 2			
		\$			
7. Other Equipment		Enter total costs from page 2			
		\$			
GRAND TOTAL PERSONAL PROPERTY		\$			

OWNERSHIP TYPE ()

- Homeowner
- Proprietorship
- Partnership
- Corporation
- Other:

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, 2024.

SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT		DATE
NAME OF ASSESSEE OR AUTHORIZED AGENT <i>(typed or printed)</i>		TITLE
NAME OF LEGAL ENTITY <i>(other than DBA) (typed or printed)</i>		FEDERAL EMPLOYER ID NUMBER
PREPARER'S NAME AND ADDRESS <i>(typed or printed)</i>	TELEPHONE NUMBER ()	TITLE

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

