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 FILE RETURN BY APRIL 2, 2020**

ASSESSOR'S USE ONLY ACCOUNT NUMBER	ASSESSOR'S USE ONLY	ASSESSOR'S USE ONLY APN
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**NAME AND MAILING ADDRESS**  
*(Make necessary corrections to the printed name and mailing address.)*

<b>PART 1: GENERAL INFORMATION</b>	LOCATION/ADDRESS OF THE PROPERTY (street, city) <i>(file a separate statement for each location)</i>
Local Telephone Number (    ) _____ Fax Number (    ) _____	
E-Mail Address _____	
Enter location of general ledger and all related accounting records (include zip code):	
STREET	CITY      STATE      ZIP

<b>PART 2: LEASED PROPERTY</b>	<b>ASSESSOR'S USE ONLY</b>
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 <b>NAME AND ADDRESS OF OWNER AND DESCRIPTION OF SUCH PROPERTY</b>	
<b>PART 3: DECLARATION OF PERSONAL PROPERTY BELONGING TO YOU [use Schedule A on page 2 to complete totals below.]</b>	
4. Supplies      Enter cost estimate of supplies consumed by 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	\$
<b>TOTAL PERSONAL PROPERTY</b>	<b>\$</b>

<b>Sign here</b>	
<i>I declare under penalty of perjury under the laws of 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, 2020.</i>	
OWNER SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT ▶	DATE
NAME OF ASSESSEE OR AUTHORIZED AGENT <i>(typed or printed)</i> ▶	DATE
PREPARER'S NAME AND ADDRESS <i>(typed or printed)</i> ▶	DATE

**THIS STATEMENT SUBJECT TO AUDIT**

**SCHEDULE A – COST DETAIL: FURNITURE & EQUIPMENT**

**Table to itemize belongings**

Section 1(a) of article XIII of the California Constitution provides that all property is taxable unless otherwise exempted. Therefore, all home furnishings that are used in a short term rental property – including dishware, sofas, mattresses and bedding – are subject to personal property taxes.

One by one, please list EACH ITEM per room contained in the short term rental property and estimate cost and year that items were acquired. If additional space is needed, please attach additional sheet. For assistance or questions, e-mail us at ask.assessor@alpinecountyca.gov or call us at 530.694.2283.

Year acquired	Bedroom #1 <i>furniture &amp; belongings</i>	Original cost	Year acquired	Living area <i>furniture &amp; belongings</i>	Original cost	Year acquired	Kitchen <i>appliances</i>	Original cost
	Mattress			Sofa			Dishware	
	Box Spring			Chairs			Flatware	
	Bedframe			Rug			Pots and pans	
	Pillows and bedding			TV			Cooking utensils	
	Duvet cover / blanket			Table			Refrigerator	
	Bureau / chest of drawers			Storage chest of drawers			Microwave	
	Rug			Table lamp			Toaster	
	Mirror			Floor lamp			Coffee maker	
	Table lamp			Mirror			Blender	
	Floor lamp			Artwork: painting/picture			Ice maker	
	Artwork: painting/picture			Clocks			Other	
	TV			Other				
	Other							
	<b>Total</b>			<b>Total</b>			<b>Total</b>	
Year acquired	Bedroom #2 <i>furniture &amp; belongings</i>	Original cost	Year acquired	Dining area <i>furniture &amp; belongings</i>	Original cost	Year acquired	Other <i>equipment</i>	Original cost
	Mattress			Buffet / hutch cabinet			Clothes washer	
	Box Spring			Dining table			Clothes dryer	
	Bedframe			Chairs			Vacuum cleaner	
	Pillows and bedding			Rug			Computers	
	Duvet cover / blanket			Table lamp			Bikes	
	Bureau / chest of drawers			Floor lamp			Sports equipment	
	Rug			Mirror			Security systems	
	Mirror			Artwork: painting/picture			Outdoor playground	
	Table lamp			Clocks			Patio furniture	
	Floor lamp			Other			Gazebo	
	Artwork: painting/picture						Portable hot tub	
	TV						Other	
	Other							
	<b>Total</b>			<b>Total</b>			<b>Total</b>	
Year acquired	Bedroom #3 <i>furniture &amp; belongings</i>	Original cost	Year acquired	Bathroom(s) <i>furniture &amp; belongings</i>	Original cost	<p>Add up TOTAL COSTS for <b>FURNITURE &amp; BELONGINGS</b> as listed in both the left and center columns and carry forward the total sum to the <b>front page, line 5.</b></p> <p>Add up TOTAL COSTS for <b>Appliances</b> as listed in the upper right column and carry forward the total sum to the <b>front page, line 6.</b></p> <p>Add up TOTAL COSTS for <b>Equipment</b> as listed in the mid right column and carry forward the total sum to the <b>front page, line 7.</b></p>		
	Mattress			Bath towels				
	Box Spring			Hand towels & washcloths				
	Bedframe			Bath rug				
	Pillows and bedding			Other				
	Duvet cover / blanket							
	Bureau / chest of drawers							
	Rug							
	Mirror							
	Table lamp							
	Floor lamp							
	Artwork: painting/picture							
	TV							
	Other							
	<b>Total</b>			<b>Total</b>				