

**AGRICULTURAL PROPERTY STATEMENT FOR 2022**

*(Declaration of costs and other related property information as of 12:01 A.M., January 1, 2022)*

RETURN THIS ORIGINAL FORM. COPIES WILL NOT BE ACCEPTED.

**FILE RETURN BY APRIL 1, 2022.**

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

- d. When did you start business at this location?  
DATE: \_\_\_\_\_
- e. Enter location of general ledger and all related accounting records  
*(include zip code):* \_\_\_\_\_
- f. Enter name and telephone no. of authorized person to contact at location of accounting records: \_\_\_\_\_

During the period of January 1, 2021, through December 31, 2021

- (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.

LOCATION OF THE PROPERTY <i>(file a separate statement for each location)</i>	Tax Rate Area
	Assessor Only

**PART I: GENERAL INFORMATION** *[Complete (a) through (i)]*

- a. Enter type of farm or business: \_\_\_\_\_
- b. Enter local telephone no. \_\_\_\_\_ FAX no. \_\_\_\_\_ Email Address \_\_\_\_\_
- c. Do you own the land at this location?  Yes  No  
If **yes**, is the name on your deed recorded as shown on this statement?  Yes  No

- h. Do you have: (1) Registered or show horses?  Yes  No  
(2) Racehorses?  Yes  No  
*(If yes is checked, see instructions)*
- i. Are there manufactured homes/mobilehomes located on the property?  Yes  No  
If **yes**, indicate: No. currently licensed \_\_\_\_\_  
No. not currently licensed \_\_\_\_\_

PART II: DECLARATION OF PROPERTY BELONGING TO YOU <i>(attach schedule for any adjustment to cost)</i>	COST <i>(omit cents)</i>	ASSESSOR'S USE ONLY
1. Supplies <i>(from Schedule A)</i>		
2. Animals <i>(from Schedule B)</i>		
3. Fixed machinery and equipment <i>(from Schedule C)</i>		
4. Movable and mobile equipment (self-propelled and related implements) <i>(from Schedule D)</i>		
5. Office furniture and equipment <i>(from Schedule E)</i>		
6. Equipment out on lease, rent, or conditional sale to others <i>(attach schedule)</i>		
7. Construction in progress (CIP) <i>(attach schedule)</i>		
8. Other		

**PART III: REAL PROPERTY ALTERATIONS**

Have you made any changes to the real property this past year?  Yes  No  
If **Yes**, please complete Part III — "Real Property Alterations" on page 4. See Instructions on page 6, Part III.

**PART IV: DECLARATION OF PROPERTY BELONGING TO OTHERS**

(SPECIFY TYPE BY CODE NUMBER) <i>Report conditional sales contracts that are not leases on Schedules C, D, or E</i>			YEAR OF ACQ.	YEAR OF MFG.	DESCRIPTION AND LEASE OR IDENTIFICATION NO.	COST TO PURCHASE NEW	ANNUAL RENT	ASSESSOR'S USE ONLY
1. Leased equipment	4. Animals	5. Other businesses						
2. Lease-purchase option equipment	6. Tenants, renters, farm mgt. co., etc.							
3. Capitalized leased equipment	7. Government-owned property							
Tax Obligation: A. Lessor B. Lessee								
Lessor's name								
Mailing address								
Lessor's name								
Mailing address								

**DECLARATION BY ASSESSEE**

OWNERSHIP TYPE <input checked="" type="checkbox"/>	<p><b>Note: The following declaration must be completed and signed. If you do not do so, it may result in penalties.</b></p> <p><i>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, 2022.</i></p>
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* <i>(typed or printed)</i>	TITLE
NAME OF LEGAL ENTITY <i>(other than DBA) (typed or printed)</i>	FEDERAL EMPLOYER ID NO.
PREPARER'S NAME AND ADDRESS <i>(typed or printed)</i>	TELEPHONE NO. ( )
	TITLE

\* Agent: See page 8 for Declaration by Assessee instructions.













