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FILE RETURN BY APRIL 1, 2022

DECLARATION OF COSTS AND OTHER RELATED PROPERTY INFORMATION
 AS OF 12:01 A.M., JANUARY 1, 2022

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

PART 1: GENERAL INFORMATION				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	

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 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 \$	
TOTAL PERSONAL PROPERTY \$	

Sign here
 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, 2022.

OWNER SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT ▶	DATE
NAME OF ASSESSEE OR AUTHORIZED AGENT (typed or printed) ▶	DATE
PREPARER'S NAME AND ADDRESS (typed or printed) ▶	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. For assistance, you may e-mail us at lmarshall@sierracounty.ca.gov or call us at 530-289-3283.

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