

**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.

Assessor's Use Only ACCOUNT NUMBER	Assessor's Use Only BAN	Assessor's Use Only 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 (street, city)	
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					
3. Do you own the personal property (i.e., household furniture and personal effects) located at your short term rental property location? Yes No					
If NO, list below NAME AND ADDRESS OF OWNER AND DESCRIPTION OF SUCH PROPERTY					
					ASSESSOR'S USE ONLY
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 (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

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

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.

Year acquired	Bedroom #1 <i>furniture & belongings</i>	Original cost	Year acquired	Living area <i>furniture & belongings</i>	Original cost	Year acquired	Kitchen appliances (Do not include built-in appliances)	Original cost
	Mattress			Sofa			Dishwasher	
	Box Spring			Chairs			Refrigerator	
	Bedframe/headboard			Rug			Stove	
	Pillows and bedding			TV			Microwave	
	Duvet cover/blanket			Table			Toaster	
	Bureau/chest of drawers			Storage chest of drawers			Coffee maker	
	Nightstand/bedside table			Table lamp			Blender	
	Rug			Floor lamp			Ice maker	
	Mirror			Mirror			Other	
	Table lamp			Artwork: painting/picture				
	Floor lamp			Clocks				
	Artwork: painting/picture			Internet modem/router				
	TV			Gaming console(s)/DVD				
	Other			Wi-Fi/networking devices				
				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 equipment	Original cost
	Mattress			Dishware			Clothes washer	
	Box Spring			Flatware			Clothes dryer	
	Bedframe/headboard			Pots and pans			Vacuum cleaner	
	Pillows and bedding			Knives/cooking utensils			Computer(s)	
	Duvet cover/blanket			Table			Bike(s)	
	Bureau/chest of drawers			Chairs			Sports equipment	
	Nightstand/bedside table			Rug			Portable BBQs	
	Rug			Table lamp			Security system(s)	
	Mirror			Floor lamp			Outdoor playground	
	Table lamp			Mirror			Patio furniture	
	Floor lamp			Artwork: painting/picture			Gazebo	
	Artwork: painting/picture			Clocks			Portable hot tub	
	TV			Telephones			Pool equipment	
	Other			Other			Electric vehicle charger(s)	
							Portable heater(s)/air conditioner(s)	
							Rollaway beds	
							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> <p>Please attach additional schedules if there are more bedrooms or other rooms not indicated.</p>		
	Mattress			Bath towels				
	Box Spring			Hand towels				
	Bedframe/headboard			Bath mat(s) and rug(s)				
	Pillows and bedding			Blow dryer				
	Duvet cover/blanket			Other				
	Bureau/chest of drawers							
	Nightstand/bedside table							
	Rug							
	Mirror							
	Table lamp							
	Floor lamp							
	Artwork: painting/picture							
	TV							
	Other							
	Total			Total				