

571-L

WEBSTER J. GUILLORY ORANGE COUNTY ASSESSOR
P.O. BOX 1949, SANTA ANA, CALIFORNIA 92702
PHONE (714) 834-2930



2001

BUSINESS PROPERTY STATEMENT

DECLARATION OF COSTS AND OTHER RELATED PROPERTY INFORMATION AS OF 12:01 A.M., JANUARY 1, 2001

(Make necessary corrections to the printed name and mailing address.) RETURN THIS COPY BY APRIL 1, 2001

(File a separate statement for each location.)

DBA: SOME DATA

ASSESSOR ACCOUNT NO.

VIJAY. INC
123 ELM ST,
SANTA ANA
CA 92701

00000001 001

SITUS: 123 ELM ST
SANTA ANA

CONTACT NAME: JOE

CONTACT PHONE: (212) 212-2222 EXT: 2

PART I: GENERAL INFORMATION

COMPLETE (a) THRU (g) AS REQUESTED

- a. Enter type of business: SERV
- b. Enter local telephone number (212) 212-2222 FAX number ()
- c. Do you own the land at this business location? Yes No
If **yes**, is the name on your deed recorded as shown on this statement? Yes No
- d. When did you start business at this location? DATE: 11/1/99
If your business name or location has changed from last year, enter the former name and/or location: _____
- e. Enter location of general ledger and all related accounting records (include zip code): _____

f. Enter name and telephone number of authorized person to contact at location of accounting records: JOE
Phone: (212) 212-2222

- g. During the period of January 1, 2000 through December 31, 2000:
 - (1) Has all or part of this real property been subject to a change in ownership? Yes No
 - (2) Are any related entities conducting business in the county? Yes No
If **yes**, provide name, mailing address, and locations: _____
 - (3) If you leased this real property, has it been the subject of a lease agreement for a period of 35 years or more (including options)? Yes No
 - (4) Did you acquire "control" through acquisition of stock or otherwise of a legal entity which owns real property in this county? Yes No
 - (5) Did another person or entity acquire "control" through acquisition of stock or otherwise of this corporation or entity? Yes No

PART II: DECLARATION OF PROPERTY BELONGING TO YOU
(attach schedule for any adjustment to cost)

	COST (omit cents) (see instructions)	ASSESSOR'S USE ONLY	
1. Supplies	1,000		
2. Equipment (From line 35)	21,000		
3. Equipment out on lease or rent to others (Attach Schedule)			
4. Bldgs., Bldg. Impr., and/or Leasehold Impr., Land Impr., Land (From line 71)	2,300		
5. Construction In Progress (Attach Schedule)			
6. Alternate Schedule A (See instructions)			
7.			
8.			

PART III: DECLARATION OF PROPERTY BELONGING TO OTHERS - IF NONE WRITE "NONE"

(SPECIFY TYPE BY CODE NUMBER)						Year of Acq.	Year of Mfr.	Description and Lease or Identification Number	Cost to Purchase New	Annual Rent
Report conditional sales contracts on Schedule A										
1. Leased equipment	4. Vending equipment									
2. Leased-purchase option equipment	5. Other businesses									
3. Capitalized leased equipment	6. Government-owned property									
Tax Obligation: A. Lessor B. Lessee										
9. Lessor's name Mailing address	<u>SEE ATTACHMENT</u>									
10. Lessor's name Mailing address										

OWNERSHIP TYPE (✓)	CERTIFICATION	ASSESSOR'S USE ONLY		
		STA 1	STA 2	STA 3
Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Other <input type="checkbox"/>	I certify (or declare) under penalty of perjury under the laws of the State of California that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete and covers all property required to be reported which is owned, claimed, possessed, controlled, or managed by the person named in the statement at 12:01 a.m. on January 1, 2001. If prepared by a duly authorized person other than the taxpayer, the declaration is based on all information of which the preparer has knowledge. This statement must be signed. Failure to do so could result in penalties. This declaration is binding on each and every co-owner and/or partner.	PRIOR ASSMT. COMPARED BY DEPUTY		
BUSINESS DESCRIPTION (✓)	NAME OF ASSESSEE OR AUTHORIZED AGENT (typed or printed)	TITLE		
Retail <input checked="" type="checkbox"/>	SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT	DATE		
Wholesale <input type="checkbox"/>	NAME OF ENTITY (typed or printed)	FEDERAL EMPLOYER ID NUMBER	95-1234567	
Manufacturer <input type="checkbox"/>	PREPARER'S NAME AND ADDRESS (typed or printed)	TITLE		
Service/Professional <input type="checkbox"/>	SIGNATURE OF PREPARER	TELEPHONE NUMBER		
		DATE		

* Must be legal agent; see (S4B) SIGNATURE for definition of legal agent.