

2017 HORSE PROPERTY STATEMENT  
(other than Racehorses)

This statement is not a public document. The information contained herein will be held secret by the Assessor (Code section 451); it can be disclosed only to the district attorney, grand jury, and other agencies specified in Code section 408. Attached schedules are considered to be part of the statement.

OFFICIAL REQUIREMENT

A report on this form is required of you by section 441(a) of the Revenue and Taxation Code (Code). The statement must be completed according to the instructions and filed with the Assessor on or before April 1, 20 \_\_\_\_\_. Failure to file it on time will compel the Assessor's Office to estimate the value of your property from other information in its possession and add a penalty of 10 percent as required by Code section 463.

Carefully read and follow the accompanying instructions.

(File a separate statement for each location.)

|                     |                           |
|---------------------|---------------------------|
| NAME                | ASSESSOR'S PARCEL NUMBER  |
| D.B.A. (ranch name) |                           |
| RANCH ADDRESS       |                           |
| MAILING ADDRESS     | E-MAIL ADDRESS (optional) |

**Note:** All horses held for sale, rent, or farm use and pets are exempt. Report **only** those horses not exempt. (See instructions)

| A<br>NAME AND<br>REGISTRATION<br>NUMBER | B<br>AGE | C<br>COLOR | D<br>SEX | E<br>BREED | F<br>DATE OF<br>ARRIVAL | G<br>EARNINGS |        | H<br>IF OWNED: Name of sire and dam, permanent<br>domicile, condition, purchase date and price, etc.<br>IF BOARDED: Name and address of owner.<br>(see Column H instructions.) | ASSESSOR'S<br>USE ONLY |
|-----------------------------------------|----------|------------|----------|------------|-------------------------|---------------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
|                                         |          |            |          |            |                         | AMOUNT        | SOURCE |                                                                                                                                                                                |                        |
|                                         |          |            |          |            |                         |               |        |                                                                                                                                                                                |                        |
|                                         |          |            |          |            |                         |               |        |                                                                                                                                                                                |                        |
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|                                         |          |            |          |            |                         |               |        |                                                                                                                                                                                |                        |
|                                         |          |            |          |            |                         |               |        |                                                                                                                                                                                |                        |

| DECLARATION BY ASSESSEE                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | TOTAL FULL<br>VALUE        |  |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--|
| OWNERSHIP<br>TYPE (✓)                                                                                                           | <b>Note: The following declaration must be completed and signed.<br/>If you do not do so, it may result in penalties.</b><br><br><i>I declare under penalty of perjury under the laws of the State of California<br/>that I have examined this property statement, including accompanying<br/>schedules, statements or other attachments, and to the best of my<br/>knowledge and belief it is true, correct, and complete and includes all<br/>property required to be reported which is owned, claimed, possessed,<br/>controlled, or managed by the person named as the assessee in this<br/>statement at 12:01 a.m. on January 1, 20 _____. </i> |                            |  |
| Proprietorship <input type="checkbox"/>                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | PERSONAL PROPERTY          |  |
| Partnership <input type="checkbox"/>                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | FIXTURES                   |  |
| Corporation <input type="checkbox"/>                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | OTHER IMPROVEMENTS         |  |
| Other _____ <input type="checkbox"/>                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | LAND                       |  |
| SIGNATURE OF ASSESSEE OR AUTHORIZED AGENT*<br> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 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<br>(      )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | TITLE                      |  |
|                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>PROCESSING DATA</b>     |  |
|                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | APPRAISED _____            |  |
|                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | REVIEWED _____             |  |
|                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | POSTED TO: _____           |  |
|                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | TAX AREA CODE: _____       |  |
|                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | BUSINESS CODE: _____       |  |

\*Agent: see page S2B for Declaration by Assessee instructions.

| I<br>EQUIPMENT AND FEED <i>(see instructions)</i> |  |                  |               |                        |
|---------------------------------------------------|--|------------------|---------------|------------------------|
| ITEM                                              |  | PURCHASE<br>DATE | ORIGINAL COST | ASSESSOR'S<br>USE ONLY |
|                                                   |  |                  |               |                        |
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| REMARKS:                                          |  | FEED             |               |                        |
|                                                   |  | Alfalfa<br>& Hay | Tons          |                        |
|                                                   |  | Grain            | Lbs.          |                        |
|                                                   |  | Pellets          | Lbs.          |                        |
|                                                   |  | Meal             | Lbs.          |                        |
|                                                   |  | Other            | Lbs.          |                        |

## INSTRUCTIONS

**Column A.** List horses which were owned by you at 12:01 a.m. on January 1, whether on your premises or not. Then list all such horses on your premises, under your control, or in your possession at 12:01 a.m. on the first day of January that belong to others. Show their names and registration numbers, if any. If unnamed, so state. **Exclude** "racehorses," "pets" and horses qualifying for the "business inventory exemption," as defined below.

A *racehorse* is a live horse, including a stallion, mare, gelding, ridgeling, colt, filly, or foal, that is or will be eligible to participate in or produce foals which will be eligible to participate in a horseracing contest in California wherein parimutuel racing is permitted under rules and regulations prescribed by the California Horse Racing Board. Racehorse **does not** mean or include any horse over three years old, or over four years old in the case of an Arabian horse, that has not participated in a horse race contest on which parimutuel wagering is permitted or has not been used for breeding purposes in order to produce racehorses during the two previous calendar years. Racehorses are to be reported on form BOE-571-J, *Annual Racehorse Tax Return*, or on form BOE-571-J-1, *Annual Report of Boarded Racehorses*, which may be obtained from the Assessor (Revenue and Taxation Code, section 5703).

*Pets* means any animal held for noncommercial purposes and not as an investment. A show animal that is awarded ribbons or cups would not be considered as held in connection with a trade, profession, or business. However, when the animal's proficiency gains monetary or other awards of substantial value, or when the animal is used in the production of offspring that are sold or exchanged for items of substantial value, it is no longer considered a pet. (Rule No. 134, California Code of Regulations)

Horses eligible for the *business inventory exemption* include all horses held primarily for sale or lease in the ordinary course of business and horses employed in the raising of crops or in the feeding, breeding, and management of livestock. (Rule No. 133, California Code of Regulations)

**Column B.** State the age of the horse.

**Column C.** Show the horse's color by abbreviation as follows: chestnut (ch.), brown (br.), black (blk.), bay (b.), roan (ro.), gray (gr.), pinto (p.), palomino (pal.), etc.

**Column D.** Show sex by entering the applicable abbreviation: S for stallion (male horse used for breeding purposes); B for broodmare (female horse used for reproduction); H for horse (mature male horse that is not used for breeding); M for mare (mature female horse not used for reproduction); C for colt (male horse under 4 years of age, or under five years old in the case of an Arabian horse, and not used for breeding); F for filly (female horse under 4 years of age and not used for reproduction); G for gelding (a castrated male horse); R for ridgeling (an imperfectly castrated male horse).

**Column E.** Show the breed by abbreviation as follows: Thoroughbreds (T.B.), Appaloosa (App.), Arabian (Ar.), Quarter (Q.H.), Standardbred (Std. B.), other (explain).

**Column F.** Show date of arrival for all boarded horses, except racehorses and pets.

**Column G.** Show the name and address of each owner of boarded registered, show, work, and pleasure horses. If owned by a syndicate, give syndicate name and name and address of syndicate manager. **If the horses are owned by you**, list all of the following information.

a. Gross amount of money earned since January 1st of prior year.

b. Show the source of the income, such as breeding, showing, etc.

**Column H.** List the following information in the order in which asked:

- List the sire's name first and then the dam's name.
- Show the permanent domicile of the horse, and, if out of California, give location on January 1st.
- Describe the horse's physical condition at 12:01 a.m. on January 1st., i.e., sound, unsound. Also indicate if in light or heavy training.
- Broodmares: State if barren or in foal. If in foal, show name of stallion.
- Stallions: Show current stud fee, number of mares contracted for this calendar year, number of mares contracted last year and number of conceptions last year.
- If horse was purchased since January 1st of last year, show date purchased and cost. Cost includes purchase price, transportation costs, sales tax, import duty, and broker's fees, if any.

If you need additional space, continue on the next line.

**Column I.** Equipment and Feed.

Equipment: Enter the total original installed cost before allowance for depreciation for each year of acquisition. Include freight-in, excise taxes, sales or use taxes, and installation costs. Include fully depreciated equipment but **do not** include items that were traded, retired, transferred, sold or junked and removed physically from the premises. If equipment is located elsewhere in the county, attach a similar schedule and identify the location. **All equipment at this location, except licensed vehicles, must be reported on this Property Statement.**

Feed: Report **only** feed that will be consumed by your animals reported here plus your pets and racehorses.

Horses temporarily removed from the premises may be assessed to you at this location.

#### **DECLARATION BY ASSESSEE**

The law requires that this property statement, regardless of where it is executed, shall be declared to be true under penalty of perjury under the laws of the State of California. The declaration must be signed by the assessee, a duly appointed fiduciary, or a person authorized to sign on behalf of the assessee. In the case of a **corporation**, the declaration must be signed by an officer or by an employee or agent who has been designated in writing by the board of directors, by name or by title, to sign the declaration on behalf of the corporation. In the case of a **partnership**, the declaration must be signed by a partner or an authorized employee or agent. In the case of a **Limited Liability Company (LLC)**, the declaration must be signed by an LLC manager, or by a member where there is no manager, or by an employee or agent designated by the LLC manager or by the members to sign on behalf of the LLC.

When signed by an employee or agent, other than a member of the bar, a certified public accountant, a public accountant, an enrolled agent or a duly appointed fiduciary, the assessee's written authorization of the employee or agent to sign the declaration on behalf of the assessee must be filed with the Assessor. The Assessor may at any time require a person who signs a property statement and who is required to have written authorization to provide proof of authorization.

A property statement that is not signed and executed in accordance with the foregoing instructions is not validly filed. The penalty imposed by section 463 of the Revenue and Taxation Code for failure to file is applicable to unsigned property statements.