

**DETAIL OF LEASED, RENTED
OR LOANED EQUIPMENT**

Steve J. Bestolarides
San Joaquin County Assessor
44 N. San Joaquin Street Suite 230
Stockton, CA 95202-3273

RETURN THIS FORM BY APRIL 1

THIS RETURN IS SUBJECT TO AUDIT AND
IS MADE PURSUANT TO SECTIONS
441 & 445 OF THE CALIFORNIA REVENUE
AND TAXATION CODE.

ASSESSMENT: _____
LESSOR NAME: _____
DBA: _____
ADDRESS: _____
CITY, STATE, ZIP: _____

| LINE | LEASED ID NUMBER | NAME OF LESSEE | SPECIFIC ADDRESS LOCATION OF PROPERTY | QUANTITY AND DESCRIPTION OF PROPERTY | LEASING INFORMATION | | | | | | | | | | ASSESSOR'S USE | | | | |
|------|------------------|----------------|---------------------------------------|--------------------------------------|--|-----------|---------------------|-------------------|----------|--------------------|---------------|---------------|----------------|-----|----------------|--|--|--|--|
| | | | | | Contractual Tax Oblig | HOW ACQD? | START DATE OF LEASE | DURATION OF LEASE | RENT AMT | DATE ACQD OR MFG'D | ORIGINAL COST | SELLING PRICE | RATE TABLE NO. | AAN | | | | | |
| 1 | | | | | <input type="checkbox"/> Lessee <input type="checkbox"/> Lessor | | | | | | | | | | | | | | |
| 2 | | | | | <input type="checkbox"/> Lessee <input type="checkbox"/> Lessor | | | | | | | | | | | | | | |
| 3 | | | | | <input type="checkbox"/> Lessee <input type="checkbox"/> Lessor | | | | | | | | | | | | | | |
| 4 | | | | | <input type="checkbox"/> Lessee <input type="checkbox"/> Lessor | | | | | | | | | | | | | | |
| 5 | | | | | <input type="checkbox"/> Lessee <input type="checkbox"/> Lessor | | | | | | | | | | | | | | |
| 6 | | | | | <input type="checkbox"/> Lessee <input type="checkbox"/> Lessor | | | | | | | | | | | | | | |
| 7 | | | | | <input type="checkbox"/> Lessee <input type="checkbox"/> Lessor | | | | | | | | | | | | | | |
| 8 | | | | | <input type="checkbox"/> Lessee <input type="checkbox"/> Lessor | | | | | | | | | | | | | | |
| 9 | | | | | <input type="checkbox"/> Lessee <input type="checkbox"/> Lessor | | | | | | | | | | | | | | |
| 10 | | | | | <input type="checkbox"/> Lessee <input type="checkbox"/> Lessor | | | | | | | | | | | | | | |
| 11 | | | | | <input type="checkbox"/> Lessee <input type="checkbox"/> Lessor | | | | | | | | | | | | | | |
| 12 | | | | | <input type="checkbox"/> Lessee <input type="checkbox"/> Lessor | | | | | | | | | | | | | | |
| 13 | | | | | <input type="checkbox"/> Lessee <input type="checkbox"/> Lessor | | | | | | | | | | | | | | |

SIGNATURE: _____
Title _____
Date _____

THIS SCHEDULE IS TO BE COMPLETED IN COMPLIANCE WITH THE INSTRUCTIONS FOR PART II, LINE 3, OF THE BUSINESS PROPERTY STATEMENT BOE 571-L AND ON THE BACK OF THIS SCHEDULE. SENATE BILL 1683 REQUIRES BANKS AND OTHER FINANCIAL INSTITUTIONS TO FILE A PROPERTY STATEMENT REPORTING PROPERTY LEASED TO ANOTHER ENTITY.

INSTRUCTIONS TO ASSESSOR FORM 151

**COLUMN
REFERENCE**

- 1 Enter lease identification number for each lease.
- 2 Enter the Lessee's name, DBA, and specific address location of the leased property.
- 3 Enter the quantity and description (make, model, and serial number) of the property.
- 4 Indicate which party to the transaction has contractual tax obligation.
- 5 Enter the following letter codes to indicate how this property was acquired by your company:
 P - Purchased N - New
 M - Mfg'd. U - Used
 L - Leased
 O - Other (explaining on a separate schedule).
- 6 Enter the original starting date of the lease.
- 7 Enter the duration of the lease term, and indicate with the following letter code whether in:
 M – Monthly
 A – Annually
 O – Other (explain on a separate schedule)
- 8 Enter the rental amount, and indicate whether this is:
 M – Monthly
 A – Annually
 O – Other (explain)
- 9 Enter the date property was originally acquired or mfg'd.
- 10 Enter the FULL original acquisition or manufactured cost of the property, then below this enter the FULL original selling price new of the property (includes sales/use tax, excise tax, freight in, and installation costs; but NOT finance charges). NOTE: If this property is not available for sale and has not established a selling price, indicate on a separate schedule information regarding the responsibility for maintenance, property taxes, or other services. Indicate current experienced percentages of gross rent for:
 1) Off Lease Time.
 2) Maintenance & Repair Expense.
 3) Other Services (describe).
 4) Yield Rate.
- 11-12 These columns are for the assessor's use only; make no entries in these spaces.

The information requested in this schedule may be submitted by attached computer printouts if the printouts contain all the requested information.

Please complete, sign, and date this schedule and return by April 1st.

| | | | | | | | |
|--------------|-------|--------------|-------------|------------------|----------|------------|-----------------|
| Acampo | 95220 | Five Corners | 95320 | Peters | 95236 | Terminus | 95242 |
| Banta | 95304 | French Camp | 95231 | Ripon | 95366 | Thornton | 95686 |
| Bellota | 95236 | Holt | 95234 | San Joaquin City | 95385 | Tracy | 95376, 8, 95391 |
| Bethany | 95304 | Lathrop | 95330 | Simms | 95320 | Turner | 95215, 95304 |
| Carbona | 95377 | Linden | 95236 | Stockton | 95201-13 | | |
| Clements | 95227 | Lockeford | 95237 | | 95215 | Vernalis | 95385 |
| Collegeville | 95215 | Lodi | 95240, 1, 2 | | 95219 | Victor | 95253 |
| Escalon | 95320 | Manteca | 95336, 7 | | 95267 | Youngstown | 95220 |
| Farmington | 95230 | | | | 95269 | Waterloo | 95215 |
| | | | | | 95296 | Woodbridge | 95258 |
| | | | | | 95297 | | |