

**SHORT TERM RENTAL PROPERTY
STATEMENT FOR 2024**

*(Declaration of costs and other related
property information as of 12:01 A.M.,
January 1, 2024)*



SHERI THOMAS, ASSESSOR
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SANTA CRUZ, CA 95060
(831) 454-2002

RETURN THIS ORIGINAL FORM. COPIES WILL NOT BE ACCEPTED. FILE A SEPARATE STATEMENT FOR EACH LOCATION.

FILE RETURN BY APRIL 1, 2024.

| | | |
|--|-----------------------------------|---|
| <i>Assessor's Use Only</i> ACCOUNT NUMBER | <i>Assessor's Use Only</i> BAN | <i>Assessor's Use Only</i> ASSESSOR'S PARCEL/ID NUMBER |
|--|-----------------------------------|---|

1. NAME AND MAILING ADDRESS

(Make necessary corrections to the printed name and mailing address.)

| | | | | | | |
|--|--|--|-------|---|--|--|
| PART 1: GENERAL INFORMATION | | | | 2. LOCATION OF THE PROPERTY <i>(street, city)</i> | | |
| Local Telephone Number () | | Fax Number () | | | | When did you start business at this location? DATE: |
| Email Address | | | | | | |
| Enter location of general ledger and all related accounting records <i>(include zip code)</i> : | | | | | | |
| 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 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 <i>(typed or printed)</i> | | TITLE |
| NAME OF LEGAL ENTITY <i>(other than DBA) (typed or printed)</i> | | FEDERAL EMPLOYER ID NUMBER |
| PREPARER'S NAME AND ADDRESS <i>(typed or printed)</i> | TELEPHONE NUMBER () | TITLE |

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

