BOE-571-J (S1) REV. 6 (8-06)

# ANNUAL RACEHORSE TAX RETURN

*Read the instructions before completing this form*

To The Tax Collector of _____ County

Person or
Corporation Name _____
DBA (Ranch or Stable Name) _____
Mailing Address _____
City and State _____ Zip Code _____
Make necessary corrections to the printed name and mailing address.
Local Phone Number ( ) _____

Type of Ownership: ☐ Proprietorship ☐ Partnership ☐ Syndicate ☐ Corporation
☐ Other _____
Name, address, and phone number (including area code) of authorized person to contact for an audit:
_____
Zip Code _____ Phone No. ( ) _____ Street address, city, state, and zip code where the books and records are located: _____
_____

LIST ALL RACEHORSES OWNED AS OF 12:01 a.m. JANUARY 1, 20_____ , AND DOMICILED IN THIS COUNTY

| A NAME OF RACEHORSE (Include Stallions, Broodmares, Yearlings, and Horses in Training) | B REGISTRATION NO. | C AGE | D CLASSI-FICATION | E BREED | F DATE ACQUIRED | G DOMICILE | | H EARNINGS DURING PREVIOUS CALENDAR YEAR | | I ANNUAL TAX DUE (see Schedule A) | FOR COUNTY USE ONLY |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | ADDRESS | SCHOOL DISTRICT OR TAX RATE AREA NO. | AMOUNT | SOURCE | | |
| | | | | | | | | | | $ | |
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**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 return, 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 racehorses and racehorse data required to be reported which is owned, claimed, possessed, controlled, or managed by the person named as the assessee in this return at 12:01 a.m. on January 1, 20 _____.*

| | |
|---|---|
| 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 NO. |
| PREPARER'S NAME AND ADDRESS *(typed or printed)* — TELEPHONE NO. ( ) | TITLE |

Are you filing an Annual Racehorse Tax Return for this period in any other California county?

☐ Yes ☐ No If **yes**, what counties? _____

If more lines are needed, attach a separate schedule. If you do not owe racehorse tax in this county, so indicate on the form, sign it, and return it to the tax collector.

| | | | |
|---|---|---|---|
| Taxes Due | (1) Note: RACEHORSE TAXES ARE DUE AND PAYABLE AT 12:01 a.m. JANUARY 1 | $ | |
| Penalties Added | (2) If the tax is paid after 5 p.m. on February 15, add 6 percent of the taxes due, as shown on line (1) | $ | |
| | (3) An additional 1 percent per month penalty accrues on any unpaid tax shown on line (1) on March 1 and the first day of each month thereafter | $ | |
| | (4) If the return is filed after 5 p.m. on February 15, add 10 percent of the taxes due shown on line (1) | $ | |
| | **TOTAL TAXES AND PENALTIES DUE** | $ | |

**Agent: see page S2B for Declaration by Assessor instructions.*

**THIS STATEMENT SUBJECT TO AUDIT**