

To: Lawrence E. Stone, Assessor
County of Santa Clara
70 West Hedding Street, East Wing
San Jose, California 95110
Phone: (408) 299-5400

INSTRUCTIONS FOR PREPARATION OF THE LEASED EQUIPMENT REPORT

In addition to the following instructions, this report should be prepared in accordance with the rules and instructions regarding equipment set forth in Form 571-L. Any adjustments must be fully documented and substantiated by attached records and schedules.

REPORT: Property in this County at 12:01 a.m. on January 1. All property, fully depreciated or not. All property regardless of whether lessee or lessor pays taxes. Leased equipment not out on lease but held on your premises must be reported in accordance with instructions set forth on form 571-L.

OWNER: The name of the owner, or lessor of the property being reported.
Individual - enter last name, first name and initial.
Partnership - enter last name, first name and initial of at least two partners.
Corporation - enter the full corporate name.

DBA: (Doing Business As)
Enter the name under which you are operating in this county.

ADDRESS: Enter your mailing address, including street (or post office box), City, State and Zip Code.

ITEM 1: Lease or Identification Number:
Enter your customer's Identification or Lease Number.

ITEM 2: Name of Lessee and Location of Property:
Enter exact location of leased equipment. Furnish complete name of lessee, street address and city.

ITEM 3: Quantity and Description of Property:
Enter the number of units and description of the property at the location. Include model numbers and type as necessary.

ITEM 4: How Acquired:
Indicate by appropriate letters (a, b, or c) if you acquired the property by (a) purchased, (b) self-manufactured or, (c) by other method, such as purchase and lease-back, gift, etc. If (c) is indicated, attach an explanation, if necessary. If the leases are "Conditional Sales Contract", please report these on a separate schedule with the notation: "The following are Conditional Sales Leases". This information will be used to avoid possible double assessments.

Lease Information.

ITEM 5: Date of Lease.
Enter the effective date of the lease. This should be the date the property was delivered or installed.

ITEM 6: Duration in months.
Indicate the duration or length of the lease in terms of months.

ITEM 7: Monthly Rent:
Enter monthly rental or lease charges. If rented on an annual basis, convert to a monthly basis.

Cost or Selling Information.

ITEM 8: Year Acquired or Manufactured:
Enter the year that you purchased the property or, if self-manufactured, the year of manufacture.

ITEM 9: Original Cost:
Enter the purchase cost to you or if self-manufactured, your cost of material, direct and indirect labor and factory overhead or burden. Add sales tax, freight and installation charges to put in place at the location.

ITEM 10: Selling Price:
Enter your original offered selling price to the lessee. Original offered selling price means the price which is equivalent to that which the lessee would have to pay to acquire the same property in an open market at the time of the initial lease exclusive of the lease agreement. Add sales tax, freight, and any installation charges.

THIS DOCUMENT IS SUBJECT TO AUDIT BY THE ASSESSOR

LEASED EQUIPMENT REPORT
 SUPPLEMENTAL REPORT TO PART II, FORM 571-L

SANTA CLARA COUNTY

20__

OWNER _____

 DBA _____
 ADDRESS _____

**READ AND FOLLOW
 INSTRUCTIONS
 ON REVERSE**

PAGE _ OF _

ACCOUNT NO. _____

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	ASSESSOR'S USE ONLY		
LEASE OR I.D. NUMBER	NAME OF LESSEE AND LOCATION OF PROPERTY	QUANTITY AND DESCRIPTION OF PROPERTY	HOW ACQUIRED (A) PURCHASED (B) MFG'D (C) EXPLAIN	LEASE INFORMATION			COST OR SELLING INFORMATION			BASIS 7-D 9-D 10-D	FULL CASH VALUE	ACCOUNT NO. AREA CODE
				DATE OF LEASE	DURATION IN MONTHS	MONTHLY RENT	YEAR ACQUIRED OR MFG'D	ORIGINAL COST INCLUDE SALES TAX, FREIGHT, INSTALLATION, ETC.	SELLING PRICE			
LESSEE	LOCATION CITY	-----									ACCT. NO.	AREA CODE
LESSEE	LOCATION CITY	-----									ACCT. NO.	AREA CODE
LESSEE	LOCATION CITY	-----									ACCT. NO.	AREA CODE
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TOTALS _____