

SHORT TERM RENTAL PROPERTY STATEMENT FOR 2024

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



**Kern County Assessor-Recorder
Laura Avila**

Business Division
1115 Truxtun Ave
Bakersfield, CA 93301-4639
(661) 868-3485

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
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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</i>) (<i>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**

SCHEDULE A – COST DETAIL: FURNITURE & EQUIPMENT

Table to itemize belongings

Section 1(a) of article XIII of the California Constitution provides that all property is taxable unless otherwise exempted. Therefore, all home furnishings that are used in a short-term rental property – including dishware, sofas, mattresses, and bedding – are subject to personal property taxes.

One by one, please list EACH ITEM per room contained in the short-term rental property and estimate cost and year that items were acquired.

Year acquired	Bedroom #1 <i>furniture & belongings</i>	Original cost
	Mattress	
	Box Spring	
	Bedframe/headboard	
	Pillows and bedding	
	Duvet cover/blanket	
	Bureau/chest of drawers	
	Nightstand/bedside table	
	Rug	
	Mirror	
	Table lamp	
	Floor lamp	
	Artwork: painting/picture	
	TV	
	Other	
	Total	
Year acquired	Bedroom #2 <i>furniture & belongings</i>	Original cost
	Mattress	
	Box Spring	
	Bedframe/headboard	
	Pillows and bedding	
	Duvet cover/blanket	
	Bureau/chest of drawers	
	Nightstand/bedside table	
	Rug	
	Mirror	
	Table lamp	
	Floor lamp	
	Artwork: painting/picture	
	TV	
	Other	
	Total	
Year acquired	Bedroom #3 <i>furniture & belongings</i>	Original cost
	Mattress	
	Box Spring	
	Bedframe/headboard	
	Pillows and bedding	
	Duvet cover/blanket	
	Bureau/chest of drawers	
	Nightstand/bedside table	
	Rug	
	Mirror	
	Table lamp	
	Floor lamp	
	Artwork: painting/picture	
	TV	
	Other	
	Total	

Year acquired	Living area <i>furniture & belongings</i>	Original cost
	Sofa	
	Chairs	
	Rug	
	TV	
	Table	
	Storage chest of drawers	
	Table lamp	
	Floor lamp	
	Mirror	
	Artwork: painting/picture	
	Clocks	
	Internet modem/router	
	Gaming console(s)/DVD	
	Wi-Fi/networking devices	
	Other	
	Total	
Year acquired	Dining & Kitchen <i>furniture & belongings</i>	Original cost
	Dishware	
	Flatware	
	Pots and pans	
	Knives/cooking utensils	
	Table	
	Chairs	
	Rug	
	Table lamp	
	Floor lamp	
	Mirror	
	Artwork: painting/picture	
	Clocks	
	Telephones	
	Other	
	Total	
Year acquired	Bathroom <i>furniture & belongings</i>	Original cost
	Bath towels	
	Hand towels	
	Bath mat(s) and rug(s)	
	Blow dryer	
	Other	
	Total	

Year acquired	Kitchen appliances (Do not include built-in appliances)	Original cost
	Dishwasher	
	Refrigerator	
	Stove	
	Microwave	
	Toaster	
	Coffee maker	
	Blender	
	Ice maker	
	Other	
	Total	
Year acquired	Other equipment	Original cost
	Clothes washer	
	Clothes dryer	
	Vacuum cleaner	
	Computer(s)	
	Bike(s)	
	Sports equipment	
	Portable BBQs	
	Security system(s)	
	Outdoor playground	
	Patio furniture	
	Gazebo	
	Portable hot tub	
	Pool equipment	
	Electric vehicle charger(s)	
	Portable heater(s)/air conditioner(s)	
	Rollaway beds	
	Other	
	Total	

Add up TOTAL COSTS for FURNITURE & BELONGINGS as listed in both the left and center columns and carry forward the total sum to the **front page, line 5.**

Add up TOTAL COSTS for APPLIANCES as listed in the upper right column and carry forward the total sum to the **front page, line 6.**

Add up TOTAL COSTS for EQUIPMENT as listed in the mid right column and carry forward the total sum to the **front page, line 7.**

Please attach additional schedules if there are more bedrooms or other rooms not indicated.