



OWNER NAME _____

ASSESSMENT # _____

MAILING ADDRESS _____

BUSINESS SITUATION _____

TELEPHONE # _____

STATEMENT OF CHANGE FORM

PLEASE COMPLETE THE APPROPRIATE SECTION, SIGN AND RETURN THE COMPLETED FORM USING THE ENCLOSED ENVELOPE **WITHIN TWENTY (20) DAYS** OF RECEIPT. IF YOU NEED ASSISTANCE, PLEASE CALL (209) 468-9908.

SOLD BUSINESS **SOLD EQUIPMENT ONLY**

Date Sold _____

Furn/Fix Sale Price \$ _____

NEW OWNER INFORMATION ONLY

Name _____

Business Mailing Address _____

Phone No. _____

BUSINESS ADDRESS AND/OR MAILING ADDRESS CHANGED

CHECK HERE IF BOTH

Date Moved _____

New Business Address _____

New Mailing Address _____

Did you receive a Property Statement for the new location **and** prior location?

YES NO If yes, account/parcel #. from that statement _____

PERMANENTLY CLOSED BUSINESS

Date Closed _____

Disposition of assets: Equipment Retained for Personal Use Abandoned Other

If **Other**, explain _____

I declare under penalty of perjury that the above statement is true and correct.

Signature of Owner, Officer or Authorized Agent Phone No. Date

Note: California Revenue and taxation code Section 461, False Statement:

Every person who willfully states anything which he knows to be false in any oral or written statement, not under oath, required or authorized to be made as the basis of imposing any tax, is guilty of a misdemeanor and upon conviction thereof may be punished by imprisonment in the county jail for a period not exceeding six months or by a fine.



Re: Statement of Change

Dear Taxpayer:

When filing Statement of Change form(s) for the purpose of changing assessment(s), proper documentation is required. Without proper documentation we will be unable to process your request.

Documentation needed to support business closure:

- Tax returns
➤ Cancellation of Insurance
➤ Closed Business License
➤ Bills of sale

If you have any questions, please call (209) 468-9908.

Thank you.

Assessor's Use Only

Fee APN: _____

Business Code: _____

New Asmt # _____

AAOD Action: _____

R/C

PP Action: _____

Change Mailing Address

New Assessment #

Change Situs

Inactive

Approver _____

PP _____

Assessor Notes



SAN JOAQUIN
— COUNTY —

Greatness grows here.

Office of the Assessor-Recorder-County Clerk

Steve J. Bestolarides, Assessor-Recorder-County Clerk

Karyn Johnson, Assistant Assessor-Recorder-County Clerk

Dear Taxpayer:

The Statement of Change form is being sent to you to inform the Assessor of any change in ownership, mailing address, and/or location of your equipment to ensure the proper owner receives the correct allocation of property taxes. Please complete the item(s) checked and return the form to us **WITHIN TWENTY (20) DAYS**; otherwise, this office will have no alternative but to assess a penalty for failure to file as provided by Sections 441, 463 & 501 of the Revenue and Taxation Code.

Should you have any questions on this matter or need assistance in completing the form, please contact our office at (209) 468-9908.

Sincerely,

Assessor – Recorder – County Clerk
Personal Property Department