# **E-SDR Manual**

Created By: Zak Saengsavang



OFFICE OF THE ASSESSOR

COUNTY OF SACRAMENTO

Website Link

www.calbpsfile.org

Compatible browsers version

- A. Preferred Browsers:
  - 1. <u>Google Chrome: This is the systems primary browser version 50 and higher</u>
  - 2. Microsoft Edge: version 14 and higher
  - 3. Internet Explorer: version 11 (most current version of the internet explorer)
  - 4. Firefox: version 50 and higher
  - 5. Safari: version 10 and higher
- B. Limited mobility will be supported:
  - 1. Internet Explorer: version 11+
  - 2. Internet Explorer Edge: version 13+
  - 3. Google Chrome: version 35
  - 4. Firefox: version 35+
  - 5. Safari: version 6.1+
  - 6. Mobile Safari: version 8+
  - 7. Android Browser: version 4.1+

# **IMPORTANT DATES**

May 7<sup>th</sup> is the deadline for filing a timely Business Property Statement.

\* If May 7 falls on a weekend, a legal holiday, or a day the County Assessor is closed, the filing deadline is extended to the close of the next regular business day.

# SDR/e-SDR Log-In

Enter Your Account and SDR Bin Number in the **<u>e-File on SDR</u>** login

to access online e-Filing.



# Click Start Filing to log in

Once you log in you will be in the "Account Summary," it will look like this:

		Account #: BIN: ssee Name: County: Form Type: Situs:		Inn RD, Sacramen	to, CA 95826 /EAR STATEMENTS FOR THIS AC			
Year	County	Type	Statement Amended?	Amendment #	Confirmation Number	Submitted Date	Status	Submitted Through
2017	Sacramento	571L	No	0	Pending	Pending	Pending	eSDR
f the ass		situs are in	correct, you ma	ay be able to upd		pages. If you need more sp our Assessor.	ecific instructions	to complete

For those accounts that have e-filed previously, the prior year BPS will be listed in the "List of prior year submitted..." under this "Account Summary" page.

# LIST OF PRIOR YEAR SUBMITTED STATEMENTS FOR THIS ACCOUNT

Year	County	Туре	Statement Amended?	Amendment #	Confirmation Number	Submitted Date	Status	Submitted Through
2016	Sacramento	571L	No	0	<b>16020434484838775</b>	02/04/2016 01:00:12 PM	SD	eSDR
2015	Sacramento	571L	No	0	<b>a</b> 15020634218144390	02/06/2015 01:46:11 PM	SD	eSDR
2014	Sacramento	571L	No	0	<b>L</b> 14020534605283106	02/05/2014 01:19:23 PM	SD	eSDR
2013	Sacramento	571L	No	0	<b>±</b> 13020134987021575	02/01/2013 12:11:26 PM	SD	eSDR

Once you are ready to start filing, click on



Before proceeding to the filing of the BPS, you are asked to complete this Questionnaire:

	k "Continue" to proceed with your filing unless one of the options below applies to you. In which case, select the applicable option to get an explanation o
tha	t option and follow the next step. If you have questions, please call the Assessor's Office at 916-875-0730.
0	My filing requires additional documentation not normally required by the Assessor.
0	I moved, sold or went out of business before January 1, 2017.
0	None of the above.
~	

• Note: Checking on one of these fields will take you to a different page.

My filing requires additional documentation not normally required by the Assessor.

# FILING RESTRICTION - 286013101800000710 (7 ELEVEN INC)

You cannot file your Business Property Statement online.

Reason : Your filing requires additional documentation not normally required by the assessor.

This e-SDR system is unable to process a business property statement with this restriction. Please call the Assessor's Office at 916-875-0730

Please visit this site in future years to take advantage of this quick, easy, verifiable, and accurate means of meeting this obligation with the county.

Please click "Logout" button available on your left to end your filing session; OR click "Cancel" button below if you selected this filing restriction in error.

Cancel

- I moved, sold or went out of business before January 1, 2017.
  - 1.

2.

		ACCO	DUNT MOVE REAS	SONS MOVE	REASON DETAILS SU	BMIT STATEMENT			
VED, SOLD OR I	WENT OUT OF BUSI	NESS BEFORI	E JANUARY 1,	2017					
	w, please select the								
	ess to someone wh ess to someone wh								
I went out of bu	usiness and / or lost	: my lease.							
	ther location in Sac cation outside Sacra								
None of the ab	ove options applies	E							
				-					
				Cancel	Continue				
			1		2	3			
		ACCO		SONS MOVE	2 REASON DETAILS	3 IBMIT STATEMENT	ŕ		
		ACCC	1 DUNT MOVE REAS	Sons <b>Move</b>	2 E REASON DETAILS SU	3 JBMIT STATEMENT	r		
			1 DUNT MOVE REAS	Sons <b>Move</b>	2 EREASON DETAILS SU	3 JBMIT STATEMENT	r		
ase provide the	sale of business inf		1 DUNT MOVE REAS	Sons <b>Move</b>	2 EREASON DETAILS SU	3 JBMIT STATEMENT	ſ		
			1 DUNT MOVE REAS	Sons <b>move</b>	2 EREASON DETAILS SU	3 JBMIT STATEMENT			
	andatory fields.		UUNT MOVE REAS	Sons Move	2 EREASON DETAILS SU	3 JBMIT STATEMENT	r		
te: * denotes ma Business Sold E	andatory fields.	ormation	1 DUNT MOVE REAS	50NS MOVE	2 REASON DETAILS SU	3 JBMIT STATEMENT	ţ.		
te: * denotes ma Business Sold I Total Sales P	andatory fields.	ormation	DUNT MOVE REAS	SONS MOVE	2 EREASON DETAILS SU	3 JBMIT STATEMENT	r		
te: * denotes ma Business Sold E	andatory fields.	ormation		SONS MOVE	2 EREASON DETAILS SU		r		
te: * denotes m Business Sold E Total Sales P Buyer's Na	andatory fields. Date: * ame: *	ormation		SONS MOVE	2 EREASON DETAILS SU	3 JBMIT STATEMENT	t st		
te: * denotes m Business Sold E Total Sales P Buyer's Na	andatory fields.	ormation		SONS MOVE	2 REASON DETAILS SU		R STATE		
te: * denotes ma Business Sold E Total Sales P Buyer's Na	andatory fields. Date: * ame: *	ormation		SONS MOVE	2 EREASON DETAILS SU		STATE O		
te: * denotes m Business Sold E Total Sales P Buyer's N BUYER'S M	andatory fields. Date: * Ame: * AAILING ADDRESS	ormation							
te: * denotes m Business Sold E Total Sales P Buyer's N BUYER'S M	andatory fields. Date: * ame: *	ormation			2 REASON DETAILS SU Name: Street Name		Suffix:		
te: * denotes ma Business Sold E Total Sales P Buyer's Na BUYER'S N Attention: Street:	Andatory fields. Date: * Anice: * Anice	ormation	Direction:		Name:				
te: * denotes ma Business Sold E Total Sales P Buyer's Na BUYER'S N Attention:	andatory fields. bate: * rice: * AAILING ADDRESS Number:	ormation	Direction:		Name:				
te: * denotes ma Business Sold E Total Sales P Buyer's Na BUYER'S M Attention: Street:	Andatory fields. Date: * Anice: * Anice	ormation	Direction:		Name:			V	
te: * denotes m Business Sold I Total Sales P Buyer's N BUYER'S N Attention: Street: Unit Type:	Andatory fields.	ormation	Direction:		Name:				

2	
Э	•

		ACCOUNT MOVE REA	SONS MOV	2 E REASON DETAILS SUE	3 BMIT STATEMENT		
cluding accom nd complete ar erson named in eclaration is ba	are) under pen ipanying sched nd includes all n the statemen ased on all infe	ules, statements or oth property required to be t at 12:01 a.m. on Janua	er attach e reporteo ry 1, 2017 preparer	ments, and to the d which is owned, If prepared by a has the knowled	e best of my k , claimed, pos duly authoriz ge. This state	have examined this property knowledge and belief it is t ssessed, controlled, or man zed person other than the ta ment must be signed. Failu er.	rue, corr aged by axpayer,
		llowing details to certif	fy this stat	tement:			
ote: * denotes	mandatory fiel	ds.					
Assesse	ee/Agent Name: *	Enter Assessee Name					
	Assessee Title: *	Enter Assessee Title					
	Federal Id:	Enter Federal Id					
_							
PREPARE	<b>R'S CONTACT DE</b>	TAILS					
	Prefix:	First Name: *	Initial:	Last Name: *	1676	Postfix:	
Name: *	Prefix: Select 🔽	First Name: * Enter First Name	Initial:	Last Name: * Enter Last Name		Postfix:	
Name: * Full Name:			Initial:				
		Enter First Name			Title		
Full Name:	Select 🔽	Enter First Name		Enter Last Name	Title Fax #		
Full Name: Business Name:	Select 🔽	Enter First Name		Enter Last Name Job Title:			
Full Name: Business Name: Phone#: *	-Select- 💟 Enter business Nar Telephone #	Enter First Name		Enter Last Name Job Title:			
Full Name: Business Name: Phone#: * Email:	Select 🗹 Enter business Nar Telephone # Email	Enter First Name me ext		Enter Last Name Job Title:			
Full Name: Business Name: Phone#: * Email: PREPARE	-Select- 💟 Enter business Nar Telephone #	Enter First Name me ext		Enter Last Name Job Title:			
Full Name: Business Name: Phone#: * Email:	-Select- 🕑	Enter First Name me ext TAILS		Inter Last Name		N/A Y	
Full Name: Business Name: Phone#: * Email: PREPARE	Select 🗹 Enter business Nar Telephone # Email	Enter First Name me ext		Enter Last Name Job Title:			
Full Name: Business Name: Phone#: * Email: PREPAREI Attention: Street: *	Select V Enter business Nar Telephone # Email R'S ADDRESS DET	Enter First Name me ext TAILS Half, Direction: Half, N/A		Enter Last Name Job Title: Fax: Name: *		N/A	
Full Name: Business Name: Phone#: * Email: PREPAREI Attention: Street: * Unit Type:	Select V Enter business Nar Telephone # Email R'S ADDRESS DET Number: * Enter Number Select UnitType-	Enter First Name me ext FAILS Half, Direction: Half, N/A		Enter Last Name Job Title: Fax: Name: *		N/A	
Full Name: Business Name: Phone#: * Email: PREPAREI Attention: Street: * Unit Type: PO Box#:	Select V Enter business Nar Telephone # Email R'S ADDRESS DET Number: * Enter Number Select UnitType- PO Box #	Enter First Name me ext FAILS Half: Direction: Half N/A Unit #:		Enter Last Name Job Title: Fax: Name: *		N/A	
Full Name: Business Name: Phone#: * Email: PREPAREI Attention: Street: * Unit Type:	Select V Enter business Nar Telephone # Email R'S ADDRESS DET Number: * Enter Number Select UnitType-	Enter First Name me ext TAILS Half, Direction: Half, N/A		Enter Last Name Job Title: Fax: Name: *		N/A	
Full Name: Business Name: Phone#: * Email: PREPAREI Attention: Street: * Unit Type: PO Box#:	Select V Enter business Nar Telephone # Email R'S ADDRESS DET Number: * Enter Number Select UnitType- PO Box #	Enter First Name me ext FAILS Half: Direction: Half N/A Unit #:		Enter Last Name Job Title: Fax: Name: *		N/A	

# None of the above.

• Note: Selecting this option will move to the BPS filing, which will break into 7 sections:



• Move through each section by clicking the number on the menu as shown above or by clicking continue at the bottom of each section.

- Note: Any \* denotes are required mandatory field to save or continue to the next part. If \* fields are not completed, an error will display.
- Some areas will have an **G** Edit or **G** Update option next to the field. In order to make any changes to the displayed information, click the option to access the editing page.
- On the bottom of each page the following options will be displayed:



- 1. <u>**Canel**</u> Clear all work on that page
- 2. Notes Allow notes to be added. Once clicked a pop up screen will appear like this:

# STATEMENT NOTES

Enter your Notes			
2	 	 	



- 3. <u>Save</u> Saves work progress.
- 4. <u>**Continue**</u> –Moves to the next section.

# Part 1: Assessee / Situs

RUCTIONS: s page collect rked with an a the next page.	asterisk (*) are . If you are dor	ame and situs REQUIRED. L ne with your u	Jnless you pdates, cli	have fille	se enter or upda ed in all required ontinue" button i can come back	l information . You can als	n, the system to use the link	will not allo s at the top	ow you to proc o or bottom of
ase provide th	he following in	formation							
te: * denotes (	mandatory fiel	lds.							
DE	BA: Enter DBA								
ASSESSEE	NAME								
Id Assessee							Ŧ		
LEVEN INC								🕑 Edit	× Delete
Situs Addres	ss: 1300 FULTO	N AVE, SACRAMENT							
ISA Address	Internation	al Address							
USA Address	Internation	nal Address							
USA Address Attention:	Internation	Half:	Direction:		Name: *		Suffix:		
			Direction: N/A		Name: * Street Name		Suffix:	V	
Attention:	Number: *	Half:					Suffix:	×	
Attention: Street: *	Number: *	Half Half	N/A				Suffix:	V	
Attention: Street: * Unit Type:	Number: * Enter Number Select UnitType	Half Half	N/A				Suffix:	V	
Attention: Street: * Unit Type: PO Box#:	Number: * Enter Number Select UnitType PO Box #	Half Half	N/A				Suffix:	V	
Attention: Street: * Unit Type: PO Box#: City/State: * Zip: *	Number: * Enter Number Select UnitType PO Box # City	Half Half	N/A				Suffix:	V	
Attention: Street: * Unit Type: PO Box#: City/State: *	Number: * Enter Number Select UnitType PO Box # City	Half Half	N/A				Suffix:	Y	
Attention: Street: * Unit Type: PO Box#: City/State: * Zip: *	Number: * Enter Number Select UnitType PO Box # City	Half Half	N/A				Suffix:	Y	
Attention: Street: * Unit Type: PO Box#: City/State: * Zip: *	Number: * Enter NumberSelect UnitType PO Box # City DETAILS Prefix:	Half: Half Sele First Name: *	N/A		Street Name		Postfix:		
Attention: Street: * Unit Type: PO Box#: City/State: * Zip: * CONTACT Name: *	Number: * Enter NumberSelect UnitType PO Box # City DETAILS Prefix:	Half: Half V Seler	N/A		Street Name	Title	Postfix:		
Attention: Street: * Unit Type: PO Box#: City/State: * Zip: * CONTACT Name: * Full Name:	Number: * Enter NumberSelect UnitType PO Box # City DETAILS Prefix:Select-	Half: Half V Seler	N/A nit #:		Street Name: * Last Name: * Enter Last Name	Title Fax #	Postfix:		
Attention: Street: * Unit Type: PO Box#: City/State: * Zip: * CONTACT Name: * Full Name: Business Name:	Number: * Enter NumberSelect UnitType PO Box # City City DETAILS Prefix:Select Enter business Name	First Name: * Enter First Name	N/A nit #:		Street Name: * Last Name: * Enter Last Name Job Title:		Postfix:		



#### **PART 1 - GENERAL INFORMATION**

INSTRUCTIONS:

This page collects your general information. Please enter or update the information below. Please note that the fields marked with an asterisk (\*) are REQUIRED. Unless you have filled in all required information, the system will not allow you to proceed to the next page. If you are done with your updates, click the "Continue" button. You can also use the links at the top or bottom of this page to jump to a specific part of the form. Please note that you can come back to this page later to edit or revise your information.

nter local telephone umber: *	rype of Business e xx							
inter local telephone number: * inter Fax number:	e xx							
iumber: *	e xx							
Enter Fax number:		0X-XXX-XXXXX						
	Fax	x Number						
Enter E mail address optional):	Em	nail Address						
Do you own the land location? If 'Yes', is the name (	on your dee	d A		O No O No				
recorded as shown of	on this state	ement?						
۱	12	\$7 7		Cat	15		2	
When did you start business at this loca If your business name	ne or location			ast year, ple	ease provide	the following:	STATE OF	
	ne or location	ormer Busines	nged from la ss Name			the following:	STATE OF	
When did you start business at this loca If your business name	ne or location ame:	ormer Busines	nged from la				STATE OF	
When did you start business at this loca If your business name Former Business Na	ne or location ame:	ormer Busines	nged from la ss Name				Suffix:	
When did you start business at this loca If your business nam Former Business Na FORMER BUSIN	ne or location ame:	ormer Busines	nged from la ss Name	Na				V
When did you start business at this loca If your business nam Former Business Na FORMER BUSIN Street:	ne or location ame: F NESS LOCATION Ner: er Number	N Half	nged from la ss Name Ablished AP Direction:	Na	ne:			V
When did you start business at this loca If your business nam Former Business Na FORMER BUSIN Street:	ne or location ame: F NESS LOCATION Neer: er Number elect UnitType [	N Half: Ur	nged from La ss Name ablished A Direction: N/A	Na	ne:			V
If your business name Former Business Na FORMER BUSIN Street: Enter Unit Type:Sel	ne or location ame: F NESS LOCATION Neer: er Number elect UnitType [	N Half: Ur	nged from La ss Name Ablished AS Direction: N/A nit #:	SP Na St	ne:			

(2) If YES, did this business entity also own "real property" in California at the time of acquisition? OYes ONo (3) If YES to both questions (1) and (2), filer must submit form BOE-100-b, Statement of Change in Control and Ownership of Legal Entities, to the State Board of Equalization. See instructions for filing requirements	During the period of January 1st, 2016 through December 31 st, 2016 : (1) Did any individual or legal entity (corporation, partnership, LLC, etc) acquire a "controlling interest" in this business entity ?	○ Yes	ONo
egal Entities, to the State Board of Equalization. See instructions for filing requirements	2) If YES, did this business entity also own "real property" in California at the time of acquisition?	⊖ Yes	ONo
Cancel Notes Save Continue	agal Entition to the State Board of Equalization. See instructions for filing requirements		
	regar Entities, to the State Board of Equalization. See instructions for hung requirements		
		7	

# Part 3: Prop. Belonging to You

IT II - DECLARATION OF PROPERTY BELONGING TO YOU				
RUCTIONS:				
s page displays the cost summary for property belonging to you	. If you wish to update yo	ur cost, please click th	e "Update" l	but
t to the description. For Supplies, please update the cost directly	under the "This Year Tota	l" column.	18	
ou are done with your updates (or would like to skip and come	back later) you can click	the "Continue" button	You can al	50
links at the top or bottom of this page to jump to a specific part of		the continue botton.	. 100 Call at	50
tills at the top of bottom of this page to jump to a specific part of	of the form.			
tinks at the top of bottom of this page to jump to a specific part				
art II - Declaration of Property Belonging to You				
		TEO		
art II - Declaration of Property Belonging to You		TEO	Click to	
art II - Declaration of Property Belonging to You	Last Year Total	This Year Total	Click to Update	
art II - Declaration of Property Belonging to You Description Supplies	Last Year Total		Update	~
Description Supplies Schedule A - Equipment		\$0	Update	~
art II - Declaration of Property Belonging to You Description Supplies	Last Year Total		Update	

# 1. Schedule A – Equipment

#### PART II - SCHEDULE A

#### INSTRUCTIONS:

This page displays the cost summary for equipment belonging to you. If you wish to add a new equipment category, please click the "Add Category" button. If you wish to modify the cost information for an existing equipment category listed in the table below, click on the "Edit" link next to the reported equipment. If you wish to delete any equipment category you added this year, click the "Delete" link next to that equipment.

**Note**: You are not able to delete any equipment category reported last year. If you have disposed of any equipment category, please enter 0 (zero) under "New Cost" column. The equipment category with total cost of 0 (zero) will be automatically dropped off your filing the following year.

For detailed instructions on what to report under this schedule, please see the official instruction provided by the BOE by downloading BOE-571-L form

			Last Reported 🔻		
T Description			T Cost	New Cost 🔻	
				A. A	
dule Remarks:					
er your remarks	$\backslash$				
	$\langle \rangle$				
		Cancel Save	And Return		
		A CONTRACTOR OF CONTRACTOR			
		\ \		ck Add Category 1	o display t
			dron	down list to seled	
					+:
LECT A CATEGORY FROM THE		× /	( ) E	equipment. Selec	ling iviore
LECT A CATEGORY FROM THE	DROPDOWN LIST BELOW:	× /		equipment. Selec	
LECT A CATEGORY FROM THE Tools / Tooling	DROPDOWN LIST BELOW:			equipment. Selec Categories" will di	
	DROPDOWN LIST BELOW:	Mc		Categories" will di	splay more
	: DROPDOWN LIST BELOW:	Mo			splay more
	DROPDOWN LIST BELOW:			Categories" will di	splay more
Tools / Tooling Year of Acquisition		New Cost Ca	re Categories C	Categories" will di	splay more
Tools / Tooling Year of Acquisition 2016		New Cost Ca	re Categories C	Categories" will di	splay more
Tools / Tooling Year of Acquisition 2016 2015		New Cost Ca	re Categories C	Categories" will di	splay more
Tools / Tooling Year of Acquisition 2016 2015 2014		New Cost Ca	re Categories C	Categories" will di	splay more
Tools / Tooling Year of Acquisition 2016 2015 2014 2013		New Cost Ca	re Categories C	Categories" will di	splay more
Tools / Tooling Year of Acquisition 2016 2015 2014 2013 2012		New Cost Ca	re Categories C	Categories" will di	splay more
Year of Acquisition           2016           2017           2014           2013           2012		New Cost Ca	re Categories C	Categories" will di	splay more
Tools / Tooling Year of Acquisition 2016 2015 2014 2013 2012		New Cost	re Categories C	Categories" will di	splay more
Year of Acquisition           2016           2015           2014           2013           2012		New Cost Ca	re Categories C	Categories" will di	splay more
Year of Acquisition           2016           2015           2014           2013           2012           2011		New Cost	re Categories C	Categories" will di	splay more

Cancel Save And Return

# 2. Schedule B - Bldgs., Bldg. Impr., and/or Leasehold Impr., Land Impr., Land PART II - SCHEDULE B

#### INSTRUCTIONS:

This page displays the cost summary for property/improvements belonging to you. If you wish to add a new property, please click the "Add Category" button. If you wish to modify the cost information for an existing category listed in the table below, click the "Edit" link next to the reported category. If you wish to delete any category you added this year, click the "Delete" link next to that category.

**Note:** You are not able to delete any category reported last year. If you have disposed of any category, please enter 0 (zero) under "New Cost" column. The equipment category with total cost of 0 (zero) will be automatically dropped off your filing the following year.

For detailed instructions on what to report under this schedule, please see the official instruction provided by the BOE by downloading BOE-571-L form

If you had additions or disposals during the period from January 1 through December 31 immediately preceding January 1, 2017, please provide details of each addition and disposal on schedule D.

Add Category			20	
# T Description	T	Last Reported T	New Cost	
and the second	es for tenant improvements for the curren			⊖Yes ⊖No
Have you received allowand reported above?	Click "Add Catego	ry" to displa	ly the dropdo	wn list to sele
reported above?	Click "Add Catego between: I	ry" to displa and and Lan nents/Lease	ny the dropdo nd Developmo hold Improve	wn list to sele ent/Land ements-

×

Year of Acquisition	Last Reported Cost	New Cost		Cate
2016			~	Ente
2015				
2014				
2013				
2012				<u></u>

#### Category Remarks:

Enter your remarks

# 3. Construction In Progress (CIP)

### PART II - CONSTRUCTION IN PROGRESS(CIP)

#### INSTRUCTIONS:

This page allows you to provide an itemized listing of unallocated costs of construction in progress for improvements to land, machinery, equipment, furniture, building or other improvements, or leasehold improvements.

To add an item to the list, please click the "Add Category" button. If you wish to add or edit location of CIP on any reported item, please click the "Edit" link next to that item. If you wish to delete any item, please click the "Delete" link. Once you are done with CIP reporting, you can click the "Save And Return" button to return back to the Part II summary page. If you do not wish to make any changes and want to return to the CIP summary page, please click the "Cancel" button.

For detailed instructions on what to report under this schedule, please see the official instruction provided by the BOE by downloading BOE-571-L form

# <b>Y</b>	Category *	Cost Incurred *	Percent Complete ▼ ★	Location of CIP	Description	<b>T</b> Remarks	T
marks:						_	
ter your rer			Click "Add Cate cate	egory" gory fi		2	
onstruc	ction In Progress —		Percent Complete	Location	6.7		
Add Ca	ategory			of CIP	Description	Remarks	T
# <b>Y</b>	Category *	-	Y *			-	
		-	▼ *	Edit			X Delete
# <b>T</b>	Category *	-	<b>Y</b> *				
# ▼ 1 arks:	Category *	-	*				
# <b>T</b>	Category *	-	•				

#### PART III - PROPERTY BELONGING TO OTHERS

**INSTRUCTIONS:** 

This page allows you to provide information about property belonging to others, or their business entities that are located on your premises.

Note: "Year of Acquisition" or "Year of Manufacture", at least one is required. "Cost to purchase new" or "Annual Rent", at least one is required. To provide the address for each line item, please click on "Edit Address" button in the grid below.

If you want to add more line items, please click on "Add Lease Property" button below.

Please note that the fields marked with an asterisk (\*) are REQUIRED. Unless you have all the required data, please do not begin any data entry since the system will not allow you to proceed to the next page unless you have filled in all required information.

If you are complete with your updates (or would like to skip this page), click the "Continue" button. You can also use the links at the bottom of this page to jump to a specific part of the form. Please note that you can come back to this page later once you have the required information.

For detailed instructions on what to report under this schedule, please see the official instruction provided by the BOE by downloading BOE-571-L form

-																	
Add	d Lea	ase Prope	erty														
#	-	Less Name *	T	Lessor Mailing Address	Tax Obligatic *	Lease Type	21	Year of Acq. *	Ŧ	Year of Y Mfr. *	Lease 🍸 ID No.	Desc	Ŧ	Cost to y purchase new *	Annual Rent *	Ŧ	
Cli	rk '	"Add	le	ase Pro	nertv" t	0					_						
					operty" t		С	ancel	Note	s Save	Continue	1					
					operty" t Ids belo		С	ancel	Note	es Save	Continue						
							С	ancel	Note	s Save	Continue						
	pla		e le				c	ancel	Note	s Save	Continue			Cost to 🔻			
	pla Le: Na	ay the	e le	ease fie	Ids belov Tax T Obligatic	W	C	Year of	<b>T</b>	Year of 🔻	Lease <b>T</b>			purchase	Annual	Ŧ	
	pla Le:	ay the	e le	ase fie	Ids belov	w	C T		<b>T</b>	Year of 🔻		Desc	Ŧ			Ŧ	

Note: All \* denotes are mandatory fields.

#### **OWNERSHIP TYPE AND BUSINESS DESCRIPTION**

#### INSTRUCTIONS:

This page allows you to update ownership type and business description. Please enter or update the information below. Please note that the fields marked with asterisk (\*) are REQUIRED. Unless you have filled in all required information, the system will not allow you to proceed to the next page. If you are done with your updates, click the "Continue" button. You can also use the links at the bottom of this page to jump to a specific part of the form. Please note that you can come back to this page later to edit or revise your information.

Note: If you choose Partnership type of ownership, you must provide at least two partners' details. If you wish to add more partners, click on "Add more partners". If you select Corporation, you must provide the name of the legal entity. If you select Other, you must provide a description.

For detailed instructions on what to report under this schedule, please see the official instruction provided by the BOE by downloading BOE-571-L form

Ownership Type: *	Corporation	
Business Description: *	Service/Professional	
Name of Legal Entity: *	Name of Legal Entity	

## Part 6: Preview Statement

PREVIEW STATEMENT				
INSTRUCTIONS:				
Preparer's information, alo	ng with authorized agent in	formation can be	updated by clicking on the "Continue"	button.
Click on the "Preview State	ment" button to Preview yo	our statement.		
	Cancel	Notes Continue	▲ Preview Statement	

#### SUBMIT STATEMENT

#### Submission:

This page provides information you need to complete submittal of your statement. Please read the following before continuing to the certification and submittal page.

Use the **"Preview Statement"** link above to view and/or print a PDF of your UNSUBMITTED 571-L statement, and verify the information you entered. Use the links at the top of this page to go back to a particular part of the form that you need to revise.

Use the "Submit Later" button on the next page to submit your statement later. Note that all the information you entered or updated have been saved. This will give you an opportunity to review your statement more thoroughly and return to it to make any changes to the information you previously provided. IMPORTANT: Until you submit your statement, you have not fulfilled the filing requirement. The Assessor cannot view or value your information. To avoid late filing penalties, submit your statement on or before May 7. If May 7 falls on a weekend, a legal holiday, or a day the County Assessor is closed, the filing deadline is extended to the close of the next regular business day.

Use the **"Submit Now"** button on the next page to submit your statement to the Assessor. You must re-enter your BIN to sign and certify the submission. Failure to enter a valid BIN will not allow you to submit the statement. On successful submission, the system will provide a confirmation number. The Account number, date and time of submission, and confirmation number will be displayed on a confirmation page. It is recommended that you keep a record of these information for reference and use for any future correspondence regarding your submission.

Once you have submitted this statement you will no longer be able to modify any information, however, you will be able to "view and/or print" this statement at any time. Should you need to file an amendment to this e-SDR filed statement, the e-SDR system provides an electronic means to create an amendment. Just log back into the SDR/e-SDR website with your Account number and current year's BIN, and the system will prompt you to file an amendment to your previously submitted statement.

You can view and print statements submitted via e-SDR for up to seven years. Log into the same website with your Account # and current year's BIN, and by clicking on the selected confirmation number, a PDF of the submitted statement will be displayed.

Click the "Continue" button below to proceed to the Certification page where preparer's and/or authorized agent's information can be updated.

Continue

#### SUBMIT STATEMENT

4

#### INSTRUCTIONS:

I certify (or 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 in the statement at 12:01 a.m. on January 1, 2017. If prepared by a duly authorized person other than the taxpayer, the declaration is based on all information of which the preparer has the knowledge. This statement must be signed. Failure to do so could result in penalties. This declaration is binding on each and every co-owner and/or partner.

Please provide or update the following details to certify this statement:

Note: \* denotes mandatory fields.

Assessee/Agent Name: *	Enter Assessee Name
Assessee Title: *	Enter Assessee Title
Federal Id:	Enter Federal Id

Phone#: * Email:	Select Enter business Na Telephone # Email CS ADDRESS DE	TAILS	me ext		Inter Last Name	Title Fax #		
iness Name: Phone#: * Email: PREPARER Attention:	Telephone #	TAILS						
iness Name: Phone#: * Email: PREPARER Attention:	Telephone #	TAILS		0100				
Phone#: * Email: PREPARER Attention:	Telephone #	TAILS		0 100				
Email: PREPARER Attention:	Email		ext		Fax:	Fax.#		
PREPARER'	I'S ADDRESS DE							
Attention:								
Attention:								
Attention:								
	Number: *			1				
Street: *	Number: *							
Street: *	Number: *		<b>D</b>				c. #	
	Enter Number	Half:	Direction N/A		Name: * Street Name		Suffix:	~
					) (r			
Unit Type:	Select UnitType		Unit #:					
PO Box#:	PO Box #							
City/State: *	City	S	elect State	~				
Zip: *			1					
zip.								
PLE	ease re-enter y	OUR BIN TO SI	IGN AND CERT	IFY THIS STA	TEMENT: * Enter I	BIN		
			Cancel	Notes	Submit Later S	ubmit Now		
			Currect	Notes				
							Click "Su <u>bm</u>	it Now" and wa
							the confir	mation number

# Amending/Print copy of the BPS

Once the BPS is submitted and the confirmation number has been received, the statement can be printed or amended.

# In the Account Summary page after logging in, you will see something like this:

LIST OF CURRENT YEAR STATEMENTS FOR THIS ACCOUNT Click on the Confirmation Number to preview that state								odf copy o
Year	County	Туре	Statement Amended?	Amendment #	Confirmation Number	Submitted Date	Status	Submitted Through
2017	Sacramento	571L	Yes	1	17020613074135304	02/06/2017 01:55:45 PM	S	eSDR
2017	Sacramento	571L	No	0	<b>±</b> 17020613073735300	02/06/2017 01:49:50 PM	S	eSDR

If the assessee name and/or situs are incorrect, you may be able to update them on the following pages. If you need more specific instructions to complete the requirements of a particular section or do not find the right form schedules to update, please call your Assessor.



Clicking File Amendment will allow you to make correction on the BPS