

ANNUAL RACEHORSE TAX RETURN

Read the instructions before completing this form

To The Tax Collector of \_\_\_\_\_ County

Type of Ownership:  Proprietorship  Partnership  Syndicate  Corporation

Other \_\_\_\_\_

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 ( ) \_\_\_\_\_

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		
										\$	

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



