



SONOMA COUNTY

Clerk-Recorder-Assessor

www.sonoma-county.org/cra

ASSESSOR DIVISION

585 Fiscal Dr., Rm. 104
Santa Rosa, CA 95403
Tel: (707) 565-1330
Fax: (707) 565-3317

Statement of Change Form

Owner Name: _____ Assessment # _____

Business Location: _____

Sold Business Date Sold: _____

New Owner's Name: _____

Sales Price of Equipment/Fixtures: \$ _____ Leasehold Improvements: \$ _____

Moved Within County Date Moved: _____

New Location: _____

Moved Out of County/State Date Moved: _____

New Location: _____

New Mailing Address

New Mailing Address: _____

Permanently Closed Out Business Date Closed: _____

What Happened to the Assets? _____

Never Opened This Business **No Other Business in Sonoma County**

Acquired Existing Business (Please provide a copy of the purchase agreement)

Date Acquired From Prior Owner: _____

Prior Owner's Name: _____

Prior Owner's Mailing Address: _____

Purchase Price Equipment/Fixtures: \$ _____ Improvements: \$ _____

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief.

Print Name _____ Phone Number _____ Title _____

Email Address _____

Signature of Owner, Officer or Authorized Agent _____ 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.

This Statement is subject to Audit.
This Statement is not a public document.
Information provided may be shared with the State Board of Equalization.