FCA 3012 (REV. 10-20)

FORM **3012 2026**

LANDLORD REPORT OF TENANTS

AS OF 12:01 A.M., JANUARY 1, 2026
LOCATION OF THE PROPERTY

SLUC	BUSINESS ACCOUNT NUMBER
ASSESSOR'S PARCEL NUMBER	SUB NUMBER
ASSESSOR'S USE ONLY	

Paul Dictos, C.P.A.
Fresno County Assessor
P. O. Box 1146 Fresno, CA 93715

RETURN BY APRIL 1, 2026

PHONE NUMBER: _____

IF THIS MAILING ADDRESS IS INCORRECT, PLEASE ENTER THE CORRECT ADDRESS HERE:

_____

_____

IF YOU NEED ASSISTANCE, TELEPHONE (559) 600-3534
OR GO TO ASSESSOR.FRESNOCOUNTYCA.GOV

Please list all individuals, partnerships, or corporations doing business on your property. See instructions enclosed. If you do not file this affidavit properly, you may be assessed for tenant equipment and fixtures.

RENTAL ADDRESS OR SUITE NUMBER	NAME OF TENANT AND MAILING ADDRESS IF DIFFERENT THAN RENTAL LOCATION	TENANT PHONE NUMBER	BUSINESS NAME AND TYPE OF BUSINESS	CHECK BOX IF NEW TENANT
				❑
				❑
				❑
				❑
				❑
				❑
				❑

IF ADDITIONAL SPACE IS REQUIRED, PLEASE COMPLETE REVERSE SIDE.

Do you own any **business personal property** or **equipment** at this location? ❑ Yes ❑ No ←
If YES is checked, a property statement **must** be filed with this office.

Do you own any **fixtures** (see examples) at this location? ❑ Yes ❑ No ←
If YES is checked, include in Schedule B, Column 2.

Please check either "Yes" or "No". If these boxes are left blank, this affidavit will be returned to you as incomplete.

DECLARATION BY ASSESSEE

Note: The following declaration must be completed and signed. If you do not do so, it may result in penalies.

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, 2026.

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 NUMBER ( )	TITLE

ASSESSOR'S USE ONLY

Appr. _____

*Agent: See Signature instructions for definition of Legal Agent

ASSESSOR'S USE ONLY

Roll Changes				
	Land		A1	
	Imps.		B2	
	Fix. (TFI)		C3	
	Per. Prop.		D4	
	Ex.	A	H1	
	Ex.		J3	
	Ex.		K4	
	Pen.			

SCHEDULE B — COST DETAIL: BUILDINGS, BUILDING IMPROVEMENTS, AND/OR LEASEHOLD IMPROVEMENTS, LAND IMPROVEMENTS, LAND AND LAND DEVELOPMENT

Attach schedules as needed. Line 69 "Prior"— Report detail by year(s) of acquisition on a separate schedule.

LINE NO	Calendar Year of Acq.	BUILDINGS, BUILDING IMPROVEMENTS, AND/OR LEASEHOLD IMPROVEMENTS				3. LAND IMPROVEMENTS *(e.g., blacktop, curbs, fences)*			4. LAND AND LAND DEVELOPMENT *(e.g., fill, grading)*		
		1. STRUCTURE ITEMS ONLY *(see instructions)*		2. FIXTURES ONLY *(see instructions)*							
		COST	ASSESSOR'S USE ONLY	COST	ASSESSOR'S USE ONLY	COST	ASSESSOR'S USE ONLY		COST	ASSESSOR'S USE ONLY	
45	2025										
46	2024										
47	2023										
48	2022										
49	2021										
50	2020										
51	2019										
52	2018										
53	2017										
54	2016										
55	2015										
56	2014										
57	2013										
58	2012										
59	2011										
60	2010										
61	2009										
63	2008										
63	2007										
64	2006										
65	2005										
66	2004										
67	Prior										
68	Total										
69	Add TOTALS on line 68 and any additional schedules. ENTER HERE AND ON PART II, LINE 4										
70	Have you received allowances for tenant improvements for the current reporting period that are not reported above? ☐ Yes ☐ No If **yes** indicate amount $										

REMARKS: