

# CALIFORNIA

**OTHER EQUIPMENT INFORMATION**

1. Will equipment be purchased or leased?      Purchased      Leased

2. Does the equipment have a useful life of one year or more?      Yes      No  
(Supplies and other consumables with a useful life of less than one year do not qualify)

3. Location of the equipment. Will special facilities need to be built or special building modifications made to install, use or maintain the equipment? If yes, please explain.

4. Will the equipment be used outside California? If so, please explain.

5. Will the equipment be used in non-research activities?

- To provide instruction on previously researched information      Yes      No
- To provide patient care or treatment      Yes      No
- For administrative, management or marketing purposes      Yes      No
- For any other non-research (please describe the purpose)      Yes      No

a. If yes, please explain.

b. Please estimate the percentage of time that the equipment will be used for any non-research activities:

Research activities      \_\_\_\_\_ %

Non-research activities      \_\_\_\_\_ %

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**Approved by Tax Services**      Yes      No

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

If you need assistance with completing the Checklist, please contact Tax Services at 562.985.4211.