STATE TAX FORM 96-1

THE COMMONWEALTH OF MASSACHUSETTS
City of Newton
Fiscal Year 2012

Assessor Use Only
MGL Ch 59 § 5 Clause 41C
Date Received:

SENIOR 65 AND OLDER

APPLICATION FOR STATUTORY EXEMPTION

General Laws Chapter 59, Section 5

THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION
(See General Laws Chapter 59, Section 60.)

Must be filed with the Board of Assessors on or before December 15, or 3 months after the actual (not preliminary) tax bills are mailed for the fiscal year if later.

A. IDENTIFICATION. Complete section fully. Please print or type.

Name of Applicant _____

Marital Status _____ Social Security No. _____ Date of Birth _____
(optional) (If first year of application, attach copy of birth certificate)

Legal Residence (Domicile) on July 1, 2011? _____

Mailing Address (If different) _____ Tel No. _____

Parcel ID _____ No. of Dwelling Units: ☐ 1 ☐ 2 ☐ 3 ☐ 4 Other ____

Did you own the property July 1, 2011? _____

If yes, were you ____ Sole Owner ____Co-Owner with spouse only ____ Co-Owner with others

Was the property subject to a Trust as of July 1, 2011? _____ (If yes, attach Trust Instrument)

Have you been granted an exemption in any other city or town this year? _____

If yes, name of City or Town _____ Amount Exempted $_____

Have you owned and occupied the property for at least 10 years? _____

If no, please list the other properties you owned and/or occupied during the past 10 years?

Address	From	To	Owned	Occupied
_____	_____	_____	☐	☐
_____	_____	_____	☐	☐

DISPOSITION OF APPLICATION (ASSESSORS' USE ONLY)

_____Ownership	_____GRANTED	Assessed Tax	_____
_____Occupancy	_____DENIED	Exempted Tax	_____
_____Status	_____DEEMED DENIED	Adjusted Tax	_____
_____Income	Date Granted/Denied _____	_____	
_____Assets	Certificate No. _____	_____	
	Date Cert/Notice Sent _____	_____ Board of Assessors	

FILING THIS FORM DOES NOT STAY THE COLLECTION OF YOUR TAXES
THIS FORM APPROVED BY THE COMMISSIONER OF REVENUE

41C

B. GROSS RECEIPTS FROM ALL SOURCES IN PRECEDING CALENDAR YEAR:

Copies of your income tax returns may be requested to verify your income.

	Applicant & Spouse	Co-Owner & Applicant
Retirement Benefits (Social Security, Railroad, Federal, Mass., and Political Subdivisions)		
Other pensions and Retirement Allowances		
Wages, Salaries and other Compensation		
Net Profits from a Business or Profession		
Interest and Dividends		
Other Receipts (Rent, Capital Gains, etc,)		
Totals	0	0

C. VALUE OF ALL PROPERTY OWNED ON JULY 1 THIS YEAR.

Documentation may be requested to verify your assets.

Real Estate

	Assessed Valuation	Mortgage Balance	Value
Domicile			
Other			

Motor Vehicles and Trailer

Year	Make	Model	Value

Bank Accounts

Institution Name & Address	Account No	Amount

Stocks, Bonds, Securities, Etc.

Description	Amount

Other Non-Exempt Personal Property

Kind	Description	Value

Total 0

D. SIGNATURE

This application has been prepared or examined by me. I declare, under the pains and penalties of perjury, that to the best of my knowledge and belief, it and all accompanying documents and statements are true, correct, and complete.

Signature _____ Date _____

If signed by an agent, attach a copy of written authorization to sign on behalf of taxpayer.

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