STATE TAX FORM 96-2

ASSESSORS USE ONLY		
17	42	43
DATE RECEIVED APPLICATION NO. PARCEL ID.		

THE COMMONWEALTH OF MASSACHUSETTS

_____
NAME OF CITY OR TOWN

SURVIVING SPOUSE - MINOR

FY___ 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 Board of Assessors on or before December 15 or 3 months after actual (***not*** preliminary) tax bills are mailed for fiscal year if later.

fold

INSTRUCTIONS: Complete all sections that apply. (Please print or type.)

A. IDENTIFICATION. Complete this section fully.

Name of Applicant _____ Marital Status _____

Social Security No. _____ (optional) Tel. No. _____

Legal Residence (Domicile) on July 1, ____ _____

Mailing Address (If different) _____

Location of Property _____ No. of Dwelling Units _____

Did you own the property on July 1, ____? ☐ Yes ☐ No

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, ____? ☐ Yes ☐ No

(If yes, attach trust instrument including all schedules.)

Have you been granted any exemption in any other city or town for this year? ☐ Yes ☐ No

If yes, name of city or town _____ Amount exempted $_____

DISPOSITION OF APPLICATION (ASSESSORS' USE ONLY)

☐ Ownership ☐ GRANTED Assessed Tax _____

Exempted Tax _____

☐ Occupancy ☐ DENIED Adjusted Tax _____

☐ Status ☐ DEEMED DENIED BOARD OF ASSESSORS

☐ Assets Date Voted/Deemed Denied _____ _____

Certificate No. _____ _____

Date Cert./Notice Sent _____ _____

Exemption: Clause _____ Date _____

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

FORM 805 REV. 11/92 A. M. SULKIN CO., BOSTON, MA.

B. EXEMPTION STATUS. Check the status that applies to you and complete the questions that follow.

☐ **SURVIVING SPOUSE** Deceased Spouse's Name _____
Date of Death _____
Have you remarried? ☐ Yes ☐ No
If yes, date of remarriage _____

☐ **MINOR WITH PARENT DECEASED** Deceased Parent's Name _____
Date of Death _____
(If first year of application, attach copy of death certificate.)

Are you a surviving spouse or a minor child of a firefighter or a police officer killed in the line of duty?
☐ Yes ☐ No

IF NO, GO ON TO SECTION C.

If yes, and this is and this is the first year of your application, provide circumstances of death.

_____

_____

GO ON TO SECTION D.

C. VALUE OF ALL PROPERTY OWNED ON JULY 1 THIS YEAR. Documentation may be requested to verify your assets.

REAL ESTATE:	Assessed Valuation	Amount Due on Mortgage	VALUE
Domicile			
Other			

PERSONAL ESTATE:

Bank Accounts: Name and Address of Bank	Account No.	

Stocks, Bonds, Securities, Etc.: Description and Amount	

Motor Vehicles and Trailers			
Year	Make	Model	

Other Non-Exempt Personal Property		
Kind	Description	

TOTAL _____

D. SIGNATURE. Sign here to complete the application.

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

_____ Your signature

_____ Date

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