STATE TAX FORM 96-2

THE COMMONWEALTH OF MASSACHUSETTS
**City of Newton**
**Fiscal Year 2012**

Assessor Use Only
**MGL Ch 59 § 5 Clause 17D**
Date Received:

**SURVIVING SPOUSE or MINOR CHILD**

# 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 this 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 $_____

**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**

B. EXEMPTION STATUS – Please complete the applicable box.

| **Surviving Spouse** | **Surviving Minor Child** |
|---|---|
| Spouse's Name _____ | Deceased Parent's Name _____ |
| Date of Death _____ | Date of Death _____ |
| Have you remarried _____ | Are you a surviving minor child of a firefighter or police officer killed in the line of duty? _____ |
| If yes, Date_____ | If yes, go to section D. |
| Are you a surviving spouse of a firefighter or police officer killed in the line of duty? _____ | |
| If yes, go 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** | **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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