STATE TAX FORM 96-2

RETURN TO: NEWTON CITY HALL ASSESSING OFFICE 1000 COMMONWEALTH AVE NEWTON CENTRE, MA 02459

THE COMMONWEALTH OF MASSACHUSETTS City of Newton Fiscal Year 2025

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

SENIOR 65 AND OLDER

APPLICATION FOR PROPERTY TAX DEFERRAL

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 April 1, 2025

A. IDENTIFICATI	ON. Complete section fully	. Please print	or type.		
Name of Applicant					
Marital Status	Tel No		Date of Birth		
		(If first	year of application	n, attach copy of birth certificate)	
Legal Residence (De	omicile) on July 1, 2024?				
Mailing Address (If	different)				
Parcel ID		No. of Dwel	ling Units: □ 1	□2 □3 □4 Other	
Have you been gran	ted an exemption in any oth	er city or tov	n this year?		
If yes, name of City or Town Amount Exempted \$					
Amount of tax you a	are seeking to defer this year	r \$			
Have you owned an	d occupied the property for	at least 10 ye	ars?		
If no, please list the other properties you Address		From	То	Owned Occupied □ □	
	DISPOSITION OF APPL	ICATION (AS	SESSORS' USE (ONLY)	
Ownership	GRANTED		Assessed Tax		
Occupancy	DENIED		Exempted Tax		
Status	DEEMED DENIED		Deferred Tax		
Income	Date Granted/Denied				
	Certificate No				
	Date Cert/Notice Sent			Roard of Assassors	

B.	PERSONS WITH INTEREST IN PROPERTY						
	Did you own the property on July 1, 2024 as Sole Owner □ Co-owner with Spouse Only □ Co-Own	er with Others	□ ?				
	Was there a mortgage on the Property as of July 1, 2024? Yes □	No □					
	If Yes, Amount Due on Mortgage\$ Name of Mortgagee(s)						
	Was property subject to a life estate as of July 1, 2024? Yes □	No □					
	If Yes, Name(s) of Remaindermen(Person(s) receiving property after death)						
	(Person(s) receiving prope	rty after death)					
	Was property subject to a trust as of July 1, 2024? Yes □ No □ (If yes, and first year of application, or first year subject to Trust, attach Trust Instrument and Schedule of Beneficiaries.)						
	If Yes, has the Trust changed since July 1, 2023? Yes No (If yes, attach new Trust Instrument and Schedule of Beneficiaries.)						
C.	GROSS RECEIPTS FROM ALL SOURCES IN PRECEDING CALENDAR YEAR: Please attach a copy of your 2023 Federal Income Tax Return.						
		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						
Th tha	SIGNATURE is application has been prepared or examined by me. I declare, under the to the best of my knowledge and belief, it and all accompanying docurrect, and complete.						
	Signature I	Date					

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

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