STATE TAX FORM 96-4

ASSESSORS USE ONLY					
22	22A	22B	22C	22D	22E
DATE RECEIVED					
APPLICATION NO.					
PARCEL ID.					

THE COMMONWEALTH OF MASSACHUSETTS

_____

NAME OF CITY OR TOWN

VETERAN

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 fully. (Please print or type.)

A. IDENTIFICATION.

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

☐ Occupancy ☐ DENIED

☐ Status ☐ DEEMED DENIED

Assessed Tax _____

Exempted Tax _____

Adjusted Tax _____

BOARD OF ASSESSORS

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 1273 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.

☐ **VETERAN**

☐ **VETERAN'S SPOUSE** **Veteran's Name** _____

☐ **VETERAN'S SURVIVING SPOUSE/PARENT** **Deceased Veteran's Name** _____

(If first year of application, attach copy of death certificate.)

Date Enlisted/Inducted _____ Date Discharged _____

Type of Discharge _____ (If first year of application, attach copy of discharge papers.)

Military Decorations or Awards _____

Did the veteran live in Massachusetts at least 6 months prior to entering the service? ☐ Yes ☐ No

If no, list the places and dates where the veteran was domiciled during the last 6 years.

Address	Dates

Was the veteran killed during military service? ☐ Yes ☐ No

If yes, date of death _____

If yes, and you are surviving spouse, have you remarried? ☐ Yes ☐ No

Does the veteran have a war-service connected disability? ☐ Yes ☐ No

If yes, and first year of application, attach Veterans Administration Certificate of Disability. If yes and exemption granted previously, attach certificate only if disability rating is 100% or has changed.

Has the veteran acquired "specially adapted housing?" ☐ Yes ☐ No

Is the veteran capable of working? ☐ Yes ☐ No

Is the veteran a paraplegic? ☐ Yes ☐ No

C. 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.