

Assessing Department Room 301, City Hall, Boston 02201



RESIDENTIAL EXEMPTION

APPLICATION

Fiscal Year 2024 (July 1, 2023 - June 30, 2024)

Massachusetts General Laws Chapter 59, § 5, Exemption 5C

Parcel: 0602529000 (10 digits)

Current Owner: 655 EAST FIFTH STREET LLC

Property Address: 655 E FIFTH ST, SOUTH BOSTON

Zip: <u>0212</u>7

Every taxpayer in the City of Boston who owns residential property as of January 1, 2023, and uses that property as their principal residence for their calendar year 2022 Massachusetts income taxes, may be eligible for the Fiscal Year 2024 residential exemption. In certain circumstances, you may be eligible if you obtained your principal residence on or before January 1 and June 30, 2023.

In order to receive the residential exemption for Fiscal Year 2024, you must complete this application and return it to the Assessing Department even if you have received it in the past. If your application is not received, your residential exemption will be removed.

STATEMENT OF RESIDENCY

Did you own and occupy 655 E FIFTH ST	as your principal legal reside	nce on January 1, 2023?	YES	
If NO, Did you obtain your principal residence on or before June 30, 2023? If YES, What date was your deed recorded?			☐ YES	□ NO
Did you file your 2022 Massachusetts income tax return from If NO, Attach explanation.	m _ 655 E FIFTH ST	?	☐ YES	□ NO
Applicant's Social Security Number:				
NOTE: Your principal residence is the address used when filing your personal income tax return. Your social security number is required to confirm that you filed your 2022 personal income tax return with the Commonwealth of Massachusetts. Failure to provide the number will result in denial of your application. The number will be kept confidential.				
Is 655 E FIFTH ST 02127 held in	n a TRUST ?		☐ YES	
If YES, provide a complete copy of ALL trust documents AND sch If more than one trust is involved, provide the same information fo				
Do you own any other real estate ?			YES	
If YES, provide property address(es):				
Failure to truthfully answer the above questions and complete this application in full will result in the denial of your request for a residential exemption.				
I certify under pains and penalties of perjury that the infor	mation provided is true and corre	ect.		
Applicant First Name: Ap	Applicant Last Name:		(please print)	
Applicant Signature:	Date:	Telephone:		
If the credit does not appear on your Fiscal Year 2024 third	l quarter tax bill, you may file an a	application for the exempt	ion by April 1	l, 2024.
If you have questions, please contact the Taxpayer Refe asses	erral and Assistance Center (TRAC ssing@boston.gov	C) at (617) 635-4287 or co	ntact us at	

MAI L THI S APPLI CATI ON TO: Assessing Department 1 City Hall **Square Room 301;** Boston, MA 02201-**2011**