

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: 2102311026 (10 digits)

Current Owner: TSENG MING TOU

Property Address: 1840 COMMONWEALTH AV #14, BRIGHTON Zip: 02135

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 <u>1840 COMMONWEALTH AV #14</u>	as your principal legal residenc	e on January 1, 2023?	YES	□ NO
If NO, Did you obtain your principal residence on or before Jur If YES, What date was your deed recorded			☐ YES	□ NO
Did you file your 2022 Massachusetts income tax return from If NO, Attach explanation.	840 COMMONWEALTH AV #14	?	☐ YES	□ NO
Applicant's Social Security Number:				
NOTE: Your principal residence is the address used when filing your that you filed your 2022 personal income tax return with the Common your application. The number will be kept confidential.			,	
Is 1840 COMMONWEALTH AV #14 02135 held in a T	RUST ?		YES	
If YES, provide a complete copy of ALL trust documents AND schedule If more than one trust is involved, provide the same information for all th				
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 information	on provided is true and correct			
Applicant First Name: Applica	nt Last Name:		_ (please pr	int)
Applicant Signature:	Date:	Telephone:		
If the credit does not appear on your Fiscal Year 2024 third quar	ter tax bill, you may file an ap	plication for the exempt	ion by April 1	., 2024.
If you have questions, please contact the Taxpayer Referral				,

Assessing Department 1 City Hall Square Room 301; Boston, MA 02201-2011

MAIL THIS APPLICATION TO: