

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:	0100269	9000	(10 digits)				
Current	t Owner:	360 PRINCETON ST	REET REALTY TRUST				
Propert	y Address:	360 PRINCETON ST	, EAST BOSTON		Zip: <u>0212</u>	8	
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 oc	cupy 360 PRINCETON ST	as your principal legal resi		ary 1, 2023?	YES	□ NO
If NO,	-	ain your principal residence o				YES	□ NO
	file your 202 Attach expla		return from 360 PRINCETON 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.							
If YES,			held in a TRUST ? nts AND schedule of beneficiaries. prmation for all trusts.			☐ YES	□ NO
-	-	er real estate ? erty address(es):	_ 			☐ YES	□NO
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	y under pain	s and penalties of perjury tha	t the information provided is true and co	orrect.			
Applic	ant First Na	ıme:	Applicant Last Name:			_ (please pr	rint)
Applic	ant Signatu	re:	Date:	Telephor	ne:	_	

If the credit does not appear on your Fiscal Year 2024 third quarter tax bill, you may file an application for the exemption by April 1, 2024.

If you have questions, please contact the Taxpayer Referral and Assistance Center (TRAC) at (617) 635-4287 or contact us at assessing@boston.gov