

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: 0304590210 (10 digits)

Current Owner: MAK YUET LAI YVONNE

Property Address: 1 FRANKLIN ST #1809, BOSTON

Zip: 02110

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>1 FRANKLIN ST #1809</u>	as your principal legal reside	ence on January 1, 2023?	YES	□ NO
If NO, Did you obtain your principal residence on or before Jun If YES, What date was your deed recorded?			☐ YES	□ NO
Did you file your 2022 Massachusetts income tax return from <u>1</u> If NO, Attach explanation.	FRANKLIN ST #1809	?	☐ 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 <u>1 FRANKLIN ST #1809 02110</u> held in a TI	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 tr				
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 corre	ect.		
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	rter tax bill, you may file an	application for the exempt	ion by April 1	., 2024.
If you have questions, please contact the Taxpayer Referral a assessing	and Assistance Center (TRA) @boston.gov	C) at (617) 635-4287 or cor	ntact us at	

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