

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: 0700189004

\_\_\_\_\_ (10 digits)

Current Owner: VISWANATHAN MAHESH

roperty Address: 46	46 MIDDLE ST #2, SOUTH BOSTON	<sub>Zip:</sub> 02127
roperty Address: <u>46</u>	46 MIDDLE ST #2, SOUTH BOSTON	Zip:0212

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 46 MIDDLE ST #2	as your principal legal reside	nce on January 1, 2023?	<b>YES</b>	□ NO
If NO, Did you obtain your principal residence on or before If YES, What date was your deed reco			YES	□ NO
Did you file your 2022 Massachusetts income tax return fro If NO, Attach explanation.	om _ 46 MIDDLE ST #2	?	S YES	□ NO
Applicant's Social Security Number:				
NOTE: Your principal residence is the address used when filing that you filed your 2022 personal income tax return with the Co your application. The number will be kept confidential.		2	,	
Is <u>46 MIDDLE ST #2 02127</u> held i If <b>YES</b> , provide a complete copy of ALL trust documents AND so	chedule of beneficiaries.		☐ YES	
If more than one trust is involved, provide the same information for Do you own any other real estate ? If YES, provide property address(es):	_		☐ YES	
Failure to truthfully answer the above question		will result in the denial of yo	 our	
I certify under pains and penalties of perjury that the info	rmation provided is true and corre	ect.		
Applicant First Name: Applicant Firs	oplicant Last Name:		_ (please pr	int)
Applicant Signature:	Date:	Telephone:		
If the credit does not appear on your Fiscal Year 2024 third	d quarter tax bill, you may file an	application for the exempt	tion by April 1	l, 2024.
If you have questions, please contact the Taxpayer Ref asse	ferral 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**