



# FY 2010 Application for Abatement of Personal Property Tax

City of Boston Assessing Department,  
Mass. General Laws Ch. 59, § 59

Fill out page 1. Page 2 is for office use.  
Print BOTH pages 1 & 2 and return to:  
Assessing Department, One City Hall  
Sq., Room 301, Boston, MA 02201-1050.

## PROPERTY IDENTIFICATION

Fill in Ward, Parcel and Business ID exactly as they appear on the tax bill.

Business Name: \_\_\_\_\_ Business ID #: \_\_\_\_\_

Ward: (ex. 04) \_\_\_\_\_ Parcel: (ex. 01234-000) \_\_\_\_\_

Bill #: \_\_\_\_\_ Assessed Value: \_\_\_\_\_

Assessed Owner: (Last Name) \_\_\_\_\_ (First) \_\_\_\_\_

Business Location: (Street # and Name) \_\_\_\_\_ Zip Code: \_\_\_\_\_

## REASON FOR ABATEMENT

1. Business Type: \_\_\_\_\_
2. Brief Description of Property: \_\_\_\_\_
3. Indicate applicant's estimate of fair cash value: \_\_\_\_\_
4. Complete statement of reasons for this application (including contentions of law): \_\_\_\_\_

## GENERAL INFORMATION

This application for abatement must be filed with the Assessing Department, Room 301, City Hall, Boston, MA 02201, no later than thirty (30) days after the mailing of the third quarter tax bill or **February 1, 2010**. **Please note that the filing of an abatement application does not allow you to postpone payment of the tax.** If your abatement application is approved, a refund will be issued to you. If you do not timely pay the tax assessed, you may lose your statutory appeal rights. See Mass. General Laws Ch. 59, § 64. All abatements are subject to final approval by the Board of Review and the Commissioner of Assessing and jurisdictional requirements under G. L. Ch. 59.

**FORM OF LIST:** See Mass. General Laws Ch. 59, § 29 relative to limitation on amount of abatement in cases where no Form of List was filed as provided by law. **If not filed for FY 2010, the Form of List must be attached to this form.** Forms of List may be obtained from the Assessing Department, Room 301, City Hall, Boston, MA 02201 or online at [www.cityofboston.gov/assessing](http://www.cityofboston.gov/assessing). Go to FORMS on the menu.

## AUTHORIZATION SECTION (Complete and Sign below)

Social Security #: (000121233) \_\_\_\_\_ Federal ID #: \_\_\_\_\_

*(REQUIRED FOR REFUND: Write in one of the numbers above)*

### Statement of Applicant:

I am aggrieved by the assessment of the Personal Property Tax upon the personal property described above, and hereby apply for abatement. I also hereby authorize the representative (if any) whose signature appears at right to act on my behalf relative to this application.

\_\_\_\_\_  
Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Applicant's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

\_\_\_\_\_  
Number and Street (Mailing Address) \_\_\_\_\_

\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_  
Telephone (Day) \_\_\_\_\_ Telephone (Evening) \_\_\_\_\_

\_\_\_\_\_  
Fax Number: \_\_\_\_\_

### Statement of Representative: (if any)

I hereby state that I am authorized to represent the applicant whose signature appears at left for the processing of this abatement application. I further state that, **in the absence of this applicant's signature, I attach herewith, a letter of authorization signed by the applicant.**

\_\_\_\_\_  
Signature of Representative \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Applicant's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

\_\_\_\_\_  
Number and Street (Mailing Address) \_\_\_\_\_

\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_  
Telephone (day) \_\_\_\_\_ Telephone (Evening) \_\_\_\_\_

\_\_\_\_\_  
Fax Number: \_\_\_\_\_

