



City of Boston Assessing Department

FY 2010 Statutory Exemption INFORMATION REQUISITION

Mass. General Laws Chapter 59, § 61a

NOTE: For applicants seeking statutory exemption, this form and NOT the regular Information Requisition, must be attached to an application for abatement.

Real Property Identification

Provide the following information as it appears on the FY 2010 tax bill:

Ward: _____ Parcel: _____ - _____ (ex. 20 - 01234 - 000)

General Information

Assessed Owner as of (1/1/2009) First Name: _____ Last name: _____

Name of Organization Seeking Exemption (if different from assessed owner) : _____

Social Security #: (ex. 123456789) _____ Federal ID# (ex. 12-3456789) _____

Contact Person: _____

Phone # (ex. 6170001234): _____ Alternate Phone # (ex. 6170001234): _____

Mailing Address: _____
Street Number and Name City State ZipCode

Personal Property

- Business Identification Number: _____
- Is the organization seeking exemption for personal property? YES NO

Multi-Parcel Section

Does the property consists of more than one parcel? YES NO

If YES, list all additional parcels by ward and parcel number (example: 20 - 01234 - 000):

Ward	Parcel	Ward	Parcel
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Basis for Exemption

- Check the appropriate reason for exemption as of July 1, 2009:
 - M. G. L. Ch. 59, § 5, Clause 11 - House of Worship/Parsonage.
 - M. G. L. Ch. 59, § 5, Clause 3 - Literary, Benevolent, Charitable, Scientific, Temperance Organization
 - Other: _____
- Did the applicant file a Form 3ABC for FY 2010 with the Board of Assessors on or before March 1, 2009?
 - YES NO If YES, provide date (m/d/yyyy): _____.
- Is the applicant a Massachusetts corporation? YES NO
 - If YES, under what statue is applicant incorporated: _____
- Is the applicant the beneficiary of a charitable Trust? YES NO
- Is any of the income or profit divided among shareholders or members? YES NO

NOTE: If filing for personal property exemption only, please go to last section entitled "Additional Information"

FY 2010 Application Number: _____

Ward & Parcel (example: 20 - 01234 - 000): - -

Real Estate Ownership/Aquisition Information

1. Indicate the owner of record as of July 1, 2009: _____
2. Indicate the owner of record as of January, 1, 2009: _____
3. Indicate the date when the property was acquired and the consideration:
Date: _____ (m/d/yy) Price: _____
4. Please check the appropriate reason for the acquisition:

Corporate change in title	Relocating organization headquarters
Establishing organization headquarters	Investment
Expansion (describe intended use at the time of acquisition):	

General Occupancy Information

1. Did the applicant use the entire real estate for its own charitable or religious activities? YES NO
2. Complete the schedule below for the entire real estate, indicating which areas are **owner-occupied**, **vacant** or **occupied by tenants**. *Please provide copies of all leases.*

Floor Level	OCCUPANT	Is Tenant charitable under cl.3? Y/N (If tenant is occupant)	Type of Space	Rentable Area	Rental Rate per Sq. Ft.	Base Year of Lease	Lease Term (years)	Triple Net Lease? Y/N 1/1/08 - 12/31/08	Rent Collected 1/1/08- 12/31/08	Vacant as of 1/1/09 Y/N	Vacant as of 7/1/09 Y/N

Additional Sources of Income: 1/1/2008 - 12/31/2008

Tax Clause Income _____

Operating Clause Income _____

Percentage Rent Income _____

Billboard Income _____ No. of Boards: _____ Size(s): _____

Parking Income _____ No. of Spaces: _____

Rate per parking space: (day) _____ (month) _____ (year) _____

Telecommunications Rent _____

Other Rent _____

FY 2010 Application Number: _____
 Ward & Parcel (example: 20 - 01234 - 000): _____ - _____ - Q

Continued - Additional Sources of Income: 1/1/2008 - 12/31/2008

3. Is any part of the facilities rented or used on a short term basis by outside groups or organizations?

YES NO

If YES, identify each such user, the location, rentable area, the amount charged, and the dates of use.

USER	LOCATION	RENTABLE AREA	AMOUNT CHARGED	DATES OF USE

Occupancy Summary

Please provide a brief description of how the property was used as of July 1, 2009.

Owner Occupancy & Charitable Tenant Information

For all space listed in the preceding occupancy section which was occupied either by the applicant or a charitable tenant as of July 1, 2009. Please complete the following schedule - *Please provide copies of all leases.*

FLOOR	OCCUPANT	RENTABLE AREA	USE OF SPACE

PARKING FACILITIES: Total # of Spaces _____ License Number (if any) _____

Part One: Indicate the number of spaces and rates by space and type.

	TYPE	#SPACES	RATES	VALIDATION? Y/N
STAFF				
	DAILY (Non - related Private)			
MONTHLY				
	(Non - related Private)			
OTHER TYPE (i.e., Lease)				

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Ward & Parcel (example: 20 - 01234 - 000): _____ - _____ - _____

PARKING FACILITIES (Continued):

Part Two: Complete this section if facility is also a lease.

RENTABLE AREA	BASE RENT PER SF	BASE YEAR	LEASE TERM

Part Three: Total Revenue _____
 Revenue from related entity _____
 Revenue from private entities (Non-related Private) _____

Part Four: Miscellaneous Information. Complete this section if facility is also a lease.

1. What measures does the applicant take to ensure that the parking designated for staff, clients, visitors, or charitable tenants is reserved exclusively for their use?

2. Does the applicant charge for parking? YES NO If YES, please provide a copy of the agreement.

Operating Expense Information. Includes property-related expenses only, not program expenses.

	TYPE EXPENSE	PAID BY OWNER	PAID BY TENANT OWNER
Administrative	Payroll		
	Management		
	Legal		
	General Office		
	Security		
	TOTAL		
Cleaning	Payroll		
	Contracts		
	Supplies		
	Trash		
	Miscellaneous		
	TOTAL		
Repairs & Maintenance	Payroll		
	Elevators		
	HVAC		
	Electrical		
	Plumbing		
	Supplies		
	Miscellaneous		
	TOTAL		

FY 2010 Application Number: _____

Ward & Parcel (example: 20 - 01234 - 000): _____ - _____ - _____

Operating Expense Information (Continued)

	TYPE EXPENSE	PAID BY OWNER	PAID BY TENANT OWNER
Utilities	Electric		
	Gas		
	Oil		
	Steam		
	Water		
	Miscellaneous		
		TOTAL	
Leasing Expenses	Payroll		
	Contracts		
	Supplies		
	Trash		
	Miscellaneous		
		TOTAL	
Fixed Expenses	Building Insurance		
	Replacement Reserves		
	Capital Improvements (detail on Schedule A)		
	Government-mandated Improvements		
		TOTAL	
	GRAND TOTAL		

SCHEDULE A: Capital Improvements

Please indicate any improvements made within the last five (5) years:

DESCRIPTION	DATE START	DATE COMPLETE	ACTUAL \$ COST	FUNCTIONAL ESTIMATED LIFE

(Indicate dates as - m/d/yy)

SCHEDULE B: Leasing Concessions

Please indicate any improvements made within the last five (5) years:

TENANT	FLOOR	FREE RENT TERM	FREE RENT AMOUNT	BUILDOUT	OTHER

Additional Information. Please provide the following documents for the applicant:

1. Form #ABC for FY 2010 filed on or before March 1, 2009.
(If applicant did not already file Form 3ABC for FY2010, please file with this application)
2. Deed of Property
3. Articles of Organization or Charter
4. Organization By-Laws
5. If Charitable Trust, the trust and the schedule of beneficiaries as reorded at the Registry of Deeds
6. Llst of current officers and directors or trustees of the organization including their residential addresses
7. Certificate of Exemption from Massachusetts sales tax
8. Federal Exemption 501 (c) (3) Letter
9. Annual financial report
10. Brochures or literature describing charitable activities
11. Pictures of property

(If the property was occupied by charitable tenants, please provide copies of the above-referenced documents for each charitable tenant. **If property consists of multi-parcels, file a separate requisition for each parcel but send one set of documents ONLY.**)

Please NOTE:

The Assessing Department Board of Review may review the information you have submitted here as its option, but is under no obligation to review such materials in advance of the third quarter tax bill for FY 2010. Accordingly, if a tax is assessed on the third quarter tax bill but you believe the property qualifies for tax exemption, you must file a timely application of abatement after the fiscal year 2010 tax bill is issued in late December 2009. In order to maintain compliance with state laws, the Assessing Department will not inform you of any preliminary decision by letter. The FY 2010 third quarter tax bill, issued on late December 2009, will reflect whether or not you have received an exemption. If you do not receive a tax bill, please request a duplicate from the Office of the Collector-Treasurer.

Charitable organizations and certain other exemption entities have an ongoing obligatiion to file the "Form 3ABC," entitled **Return of Property for Charitable and Other Purposes**, on or before March 1 prior to each fiscal year. (Form 3ABC is not required for religious organizations whose only purpose is a house of worship or a rectory). The filing of the Form 3ABC is mandatory and cannot be waived by the assessors. If an organization fails to file this Form every year or fails to file this form on time each year, no exemption can be granted, and previously exempt properties may be taxed.

In order to be eligible for exemption in FY 2010, the Form 3ABC must be filed on or before March 1, 2009. The Form 3ABC can be obtained from a legal stationery store. or online at www.cityofboston.gov/assessing. Go to FORMS on the menu. Please be sure to use the Form 3ABC approved by the Commissioner of Revenue.

Authorization

APPLICANT'S STATEMENT	REPRESENTATIVE'S STATEMENT
I CERTIFY UNDER PAINS AND PENALTIES OF PERJURY THAT THE INFORMATION SUPPLIED IN THIS REQUISITON IS TRUE AND CORRECT. (IF APPLICABLE) I HEREBY AUTHORIZE THE REPRESENTATIVE WHOSE SIGNATURE APPEARS AT RIGHT TO ACT ON THE APPLICANT'S BEHALF RELATIVE TO ITS FY 2010 ABATEMENT APPLICATION(S).	I CERTIFY UNDER PAINS AND PENALTIES OF PERJURY THAT THE INFORMATION SUPPLIED IN THIS REQUISITON IS TO THE BEST OF MY KNOWLEDGE TRUE AND CORRECT, AND THAT I AM THE AUTHORIZED REPRESENTATIVE.
_____ Signature of Applicant's Officer	_____ Signature of Representative
Date: ____/____/____	Date: ____/____/____
Print Name: _____	Print Name: _____
Title: _____	Representative's Firm and Address: _____ _____

Return Application to:

Assessing Department
 Attn: Vanessa Weathers
 1 City Hall Square, Room 301
 Boston, MA 02201-1050