

TOWN OF WELLESLEY, BOARD OF ASSESSORS

525 Washington Street, Wellesley, MA 02482

Fiscal Year 2010

Application for Abatement of BUSINESS PERSONAL PROPERTY Tax

www.wellesleyma.gov

ACCOUNT #

MASS. General Laws Chapter 59, Section 59

This application is NOT open to public inspection. See General Laws Chapter 59, Section 60.

Must be filed with the Board of Assessors not later than due date of the first actual (not preliminary) tax payment for fiscal year (Due Date February 1, 2010)

An application for abatement on a Commercial Property will not be considered complete without a letter of authorization.

1. TAXPAYER INFORMATION :

A. Business Name As Shown On Tax Bill: \_\_\_\_\_

B. Name(s) of Assessed Owner: \_\_\_\_\_

C. Name of Applicant: \_\_\_\_\_

Status of Applicant (if other than owner):  New Owner, Purchase Date: \_\_\_\_\_

Administrator/Executor  Other (Specify) \_\_\_\_\_

D. Indicate Business Status:

Sole Proprietor  Partnership  Corporation Date Incorporated: \_\_\_\_\_

E. Mailing Address: \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone No. \_\_\_\_\_ Social Security/Taxpayer ID No. \_\_\_\_\_

2. PROPERTY IDENTIFICATION: Complete this section using information as it appears on the tax bill.

A. Property Location: \_\_\_\_\_

B. Assessed Valuation: \_\_\_\_\_ C. Class Code: \_\_\_\_\_ D. Account No. \_\_\_\_\_

3. WAS FORM OF LIST FILED? Yes  No  Date filed: \_\_\_\_\_

4. REASON ABATEMENT SOUGHT:

Incorrect Usage Classification: Was classified as: \_\_\_\_\_ Should be classified as: \_\_\_\_\_

Disproportionate Assessment (Attach reasons and explanation)

Overvaluation: (Applicant's opinion of value and reason for abatement application)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Applicant's opinion of value \_\_\_\_\_

5. SIGNATURES:

SUBSCRIBED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_, UNDER THE PENALTIES OF PERJURY.

SIGNATURE OF APPLICANT \_\_\_\_\_

IF NOT AN INDIVIDUAL, SIGNATURE OF AUTHORIZED OFFICER \_\_\_\_\_

Title: \_\_\_\_\_

(Print or Type) Name \_\_\_\_\_ Address \_\_\_\_\_ Tel. No. \_\_\_\_\_

IF SIGNED BY AGENT ATTACH A COPY OF WRITTEN AUTHORIZATION TO SIGN ON BEHALF OF TAXPAYER. THE FILING OF THIS APPLICATION DOES NOT STAY THE COLLECTION OF YOUR TAX. TO AVOID LOSS OF APPEAL RIGHTS OR ADDITION OF INTEREST AND OTHER COLLECTION CHARGES, THE TAX SHOULD BE PAID AS ASSESSED.

See Reverse side for important information.

THIS FORM APPROVED BY THE COMMISSIONER OF REVENUE

