WELLESLEY TAX FORM 41

THE COMMONWEALTH OF MASSACHUSETTS

FY2016 WELLESLEY APPLICATION FOR SENIOR 65 AND OLDER STATUTORY EXEMPTION

General Laws Chapter 59, Section 5

ASSESSORS USE ONLY
Clause **41D**

Date Received:

Other Exemptions: $

Bill #:

Parcel ID:

Wellesley **MA**

Must be filed with Board of Assesors on or before December15 or three months after actual (not preliminary) tax bills are mailed for fiscal year, if later

THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION (see General Laws Chapter 59, Section 60)

INSTRUCTIONS:

Please review and make any corrections to this form as soon as possible.
Fill in all shaded areas and verify their accuracy.
Sign on reverse.

If you are unable to return this form now, remember that it must be filed with the Board of Assessors within three months of the date of mailing of the actual real estate tax bill. The Assessors anticipate mailing the actual fiscal year 2016 real estate tax bills sometime in December 2015.

A. IDENTIFICATION.

Name of Applicant:

Social Security No.: **xxx-xx-____**

Telephone No.:

Legal Residence (domicile) on July 1:

Date of Birth:

Mailing Address (if different):

Marital Status:

Location of property:

Did you own the property on July 1? **Yes**

If yes, were you

Sole Owner? **No** Co-owner Spouse? **No** Co-owner with others? **No**

Was the property subject to a trust as of July 1? **No**

(If yes, attach trust instrument including all schedules)

Have you been granted any exemption in any other city or town for this year? **No**

If yes, name of city or town: Amount exempted: **$0.00**

FILING THIS FORM DOES NOT STAY THE COLLECTION OF YOUR TAXES.

B. EXEMPTION STATUS.

Date of Birth: _____ (If first year of application, attach copy of birth certificate.)

Have you owned and occupied the property as your domicile for at least 5 years? **Yes**

If no, list the other properties you owned and / or occupied during the past 10 years.

Address	Dates	Owned	Occupied
_____	_____	_____	_____
_____	_____	_____	_____

C. GROSS RECEIPTS (ALL INCOME TAXABLE AND NON-TAXABLE) FROM PRECEDING CALENDAR YEAR

A copy of your 2014 federal tax return is requested to verify your income.

	APPLICANT AND SPOUSE	CO-OWNER(S) AND SPOUSE
Retirement benefits (Social Security, Railroad, Federal, Mass. and Political Subdivisions)	$_____	$_____
Other pensions and retirement allowances	$_____	$_____
Wages, salaries and other compensation	$_____	$_____
Net profits from business or profession	$_____	$_____
Interest and dividends	$_____	$_____
Other receipts (rent, capital gains, etc.)	$_____	$_____
TOTALS	$_____	$_____

D. VALUE OF ALL PROPERTY OWNED ON JULY 1 THIS YEAR.

Documentation is requested to verify your assets.

PLEASE COMPLETE BELOW WHERE SHADED

REAL

	Previous Year Assessed Value	Amount due on mortgage	Value
Domicile:	$_____	$_____	$_____
Other Property:	$_____	$_____	$_____

PERSONAL

Bank accounts:

Name and address of bank	Value
_____	$_____
_____	$_____
_____	$_____

Stocks, bonds, securities, etc.:

Description and amount owned	Value
_____	$_____
_____	$_____

Other non-exempt personal property:

Type	Description	Value
_____	_____	$_____

TOTAL $_____

E. SIGNATURE. Sign here to complete the application.

This application has been prepared or examined by me. Under pains and penalties of perjury, I declare that to the best of my knowledge and belief, it and all accompanying documents and statements are true, correct and complete.

_____ Your signature

_____ Date

If signed by agent, attach copy of written authorization to sign on behalf of taxpayers.