PERSONAL PROPERTY TAX	Assessing Department, Room 301 Boston City Hall Boston, MA 02201
City of Boston Assessing Department Massachusetts General Laws Chapter 59, § 59	Filing Deadline: February 3, 2025
<b>I. PROPERTY IDENTIFICATION</b> Fill in blanks with information exactly as it appears on the tax bill. Please type or use ball point pen and print co	arefully.
Business Name: Busine	ess ID #:
Ward: Bill #: Assessed Value: \$	
Assessed Owner: (Last Name) (First)	
Business Location: (Street # and Name)	Zip Code:
Business Type: INDIVIDUAL PARTNERSHIP CORPORATION LLC OTHER (specify):	
II. REASON FOR ABATEMENT (attach additional sheets if necessary) A) Brief Description of Property:	
B) Indicate applicant's estimate of fair cash value: \$	DATE STAMP
C) Complete statement of reason(s) for this application (including contentions of law):	HERE

EV 2025 Application for Abatement of Return this form to:

**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 3, 2025**. **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.

STATE TAX FORM 2/FORM OF LIST: See Mass General Laws Ch. 59, § 29, relative to limitation on amount of abatement in cases where no State Tax Form 2/Form of List was filed as provided by law. If not filed for FY 2025, please complete the attached Asset Listing Form.

NOTE: Due to the electronic filing requirement, you MAY subsequently be requested to provide personal property details electronically.

**III. AUTHORIZATION SECTION** (Complete and Sign Below):

Federal ID #:

**IMPORTANT**: Federal ID must be provided for refund.

## **APPLICANT'S STATEMENT**

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.

## **REPRESENTATIVE'S STATEMENT**

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 Applicant	// Date	Signature of Representa	ative// Date
Last Name	First Name	Last Name	First Name
Business Name		Business Name	
Number and Street (Mailing	g Address)	Number and Street (Ma	iling Address)
City	State Zip Code	City	State Zip Code
Telephone	Email	Telephone	Email

FOR A DATE-STAMPED RECEIPT, PLEASE PROVIDE AN ADDITIONAL COPY OF THE COMPLETED FORM

## Fiscal Year 2025 Personal Property Abatement Asset Listing Form

The Asset Listing Form must be filed with application for abatement ONLY IF State Tax Form 2/Form of List was NOT filed for Fiscal Year 2025, OR if the form filed was INCOMPLETE. Please provide as much detail as possible for personal property held on the Fiscal Year 2025 tax lien date, January 1, 2024. Please attach additional pages as necessary. You may substitute an existing asset listing for this form. Please note that you may be asked to submit this information electronically.

	Owned, Leased or Leased to Own	Lessor Name (if leased)	Asset Description	Make/Model, or other info	Year of Purchase	Purchase Price	Estimated Market Value
7							
m							
4							
5							
9							
~							
∞							
6							
10							
1							
12							
13							
14							
15							
16							
17							
18							
19							
20							