STATE TAX FORM 97EC Ch.59 s Clause 41C

Commonwealth of Massachusetts / City of Springfield



2020

AGE OVER 70

MUST BE FILED ON OR BEFORE JUNE 1, 2020. THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION.

	1. Name of Record Owner			
	÷	1-:		
	 Street address of property upon which exemption is Street/Parcel 		<u> </u>	
IDENTIFICATION	5. Street/Parcel 6. Telephone	7. Date of Birth		
	8. Social Security No/_/			
B	 10. Indicate Status Sole Owner Co-Owner with Spouse Co-Owner with person not a spouse 11. Is this property income producing? Yes Note that the spouse of the spouse 12. Did you own and occupy the above property as your 	o · principal residence :	as of July 1 st ?	
STATUS)		
C	 13. How long have you owned the property?			
	15. List all non-real estate assets as of July 1st	Applicant	Spouse	
ELIGIBILITY	^{a.} Amount in Bank Accounts (List institution & balance in all Savings, CD's, Checking, etc.) Bank 1	\$	BALANCE as of July 1 st	
	Bank 2	\$	\$	
	Bank 3	\$	\$	
	Bank 4	\$	\$	
	b. List the value of any stocks, bonds and securities that you own.	\$	\$	
	c. List the value of any Motor Vehicle(s).	\$	\$	
	Model Year TOTAL	\$	\$	
	COPIES OF FEDERAL OR STATE INCOME TAX MAY B	E REQUIRED FOR SUB	STANTIATION	

PLEASE CONTINUE ON BACK

FOR	Approved
ASSESSORS	Denied / Reason
USE ONLY	Signature
HEARING DATE:	Date

CC (continued)	15	Indicate GROSS RECEIPTS from all sources in the preceding calendar year	Applicant	Spouse	
	а	Social Security or Railroad benefits. Employee pension or retirement allowances from the U.S., Massachusetts, or any city town, county or district	\$	\$	
	b	Applicable Social Security Exclusion	\$	\$	
	с	Other pensions, retirement allowances and annuities	\$	\$	
	d	Wages, salaries, tips, other compensation & net profits from business	\$	\$	
	e Interest and dividends Gains from sales or exchange from real estate f Gains from sale or exchange of other property, tangible or intangible g Rent and royalty income h Receipts from other taxable or nontaxable sources (specify) i TOTAL GROSS RECEIPTS	Interest and dividends	\$	\$	
		Gains from sales or exchange from real estate	\$	\$	
			\$	\$	
		Rent and royalty income	\$	\$	
		\$	\$		
		\$	\$		
FILING THIS FORM DOES NOT STAY THE COLLECTION OF YOUR TAXES					

D	16 SIGN HERE TO COMPLETE THE APPLICATION – YOU MUST SIGN THE APPLICATION This application has been prepared and examined by me. Under the 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.		
SIGN HERE	Your Signature If signed by an agent, attach a copy of written authorization	Date Date Date	
	17 By requesting consideration for exemption, I hereby authorize the City of Springfield Assessors Office to make any and all inquiries to any party regarding any bank account, whether held in my name individually, as a trustee or agent, against which I have the power to draw, whether or not my name appears.		
	Your Signature	Date	

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Return this form to: Assessors Office Springfield City Hall 36 Court Street Springfield, MA 01103-1698

FISCAL YEAR 2020

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