Office of
The Board of Assessors
870 Moraine Street
Marshfield, MA 02050
(781) 834-5585

CLAUSE – 41C - Senior

➢ Must be 65 years of age by July 1, 2019.
➢ Must own and occupy the property on July 1, 2019.
➢ Must file annually.
➢ Earned and unearned income may not exceed:
  o $20,000.00 if Single
  o $30,000.00 if Married
  o ***If this is your first time filing, please come and speak with the
    Assessor's Office
➢ Whole Estate/Assets (Not including value of home) cannot exceed:
  o $40,000.00 if Single
  o $55,000.00 if Married

What do the Assessors need??

➢ Birth Certificate (First time filing, only)
➢ Income Tax Returns or Documentation of Income – examples are – Pension
  Statement for 2018, Social Security Statement 2018 (1099 Form), etc.
➢ Asset Account Statements as of July 1, 2019 - including, but not limited to,
  checking, savings, stocks, bonds, CD's, etc.
➢ If domicile is held in trust, applicant must satisfy ownership requirement if
  he/she is a trustee or co-owner of the trust and possess a sufficient beneficial
  interest in the domicile through the trust.
➢ Filled out application.

What can the Assessors do??

➢ Abate $1,000.00 from tax bill.
➢ Must vote on it annually.
➢ Application should be filed in the Fall but can be filed as late as 3 months
  after the mailing of the Actual Bill (3rd Quarter) – Deadline is April 1, 2020

For further information, please contact the Assessors' Office @ (781) 834-5585
**State Tax Form 96-1**  
Revised 7/2017

The Commonwealth of Massachusetts

Marshfield  
Name of City or Town

**SENIOR**  
FISCAL YEAR ___2020___ APPLICATION FOR STATUTORY EXEMPTION  
General Laws Chapter 59, § 5  
THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION  
(See General Laws Chapter 59, § 60)

Return to: Board of Assessors  
Must be filed with assessors on or before April 1, or 3 months after actual (not preliminary) tax bills are mailed for fiscal year if later.

**INSTRUCTIONS:** Complete the following. Please print or type.

**A. IDENTIFICATION.** Complete this section fully.

<table>
<thead>
<tr>
<th>Name of Applicant</th>
<th>Marital Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone Number</td>
<td>Mailing Address (If different)</td>
</tr>
<tr>
<td>Legal Residence (Domicile) on July 1, <em><strong>2019</strong></em></td>
<td>No. of Dwelling Units: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Other</td>
</tr>
<tr>
<td>Location of Property: No. Street City/Town Zip Code</td>
<td></td>
</tr>
</tbody>
</table>

Did you own the property on July 1, ___2019___? Yes ☐ No ☐  
If yes, were you: Sole Owner ☐ Co-owner with Spouse Only ☐ Co-owner with Others ☐  
Was the property subject to a trust as of July 1, ___? Yes ☐ No ☐  
If yes, please attach trust instrument including all schedules.

Have you been granted any exemption in any other city or town (MA or other) for this year? Yes ☐ No ☐  
If yes, name of city or town ____________________________ Amount exempted $ ____________

**DISPOSITION OF APPLICATION (ASSESSORS’ USE ONLY)**

| Ownership | GRANTED ☐ | Assessed Tax $ ____________ |
| Occupancy | DENIED ☐ | Exempted Tax $ ____________ |
| Status | DEEMED DENIED ☐ | Adjusted Tax $ ____________ |
| Income | ☐ |  |
| Assets | ☐ |  |
| Date Voted/Deemed Denied |  | Board of Assessors  |
| Certificate No. |  |  |
| Date Cert./Notice Sent |  |  |
| Exemption: Clause |  | Date: ____________ |

FILING THIS FORM DOES NOT STAY THE COLLECTION OF YOUR TAXES

THIS FORM APPROVED BY THE COMMISSIONER OF REVENUE
B. EXEMPTION STATUS. Complete the questions that follow.

☐ SENIOR 70 OR OLDER (65 or older by local option - See Assessors) Date of Birth

If first year of application, attach copy of birth certificate.

Yes ☐ No ☐

Have you owned and occupied the property as your domicile for at least 11 years? (6 years if local option under Clause 41C½ adopted - See Assessors)

If no, list the other properties you owned and/or occupied during the past 11 years (6 years if local option under Clause 41C½ adopted - See Assessors.)

Address Dates

 Owned Occupied

Continue list on attachment in same format as necessary.

C. GROSS RECEIPTS FROM ALL SOURCES IN PRECEDING CALENDAR YEAR. Complete this section. Copies of your federal and state income tax return, and other documentation, may be requested to verify your income.

| Retirement Benefits (Social Security, Railroad, Federal, MA & Political Subdivisions)... | Applicant & Spouse | Co-owner(s) & Spouse(s) |
| Other Pensions and Retirement Allowances.......................................................... |                     |                         |
| Wages, Salaries and other Compensation ............................................................ |                     |                         |
| Net Profits from Business, Profession or Property Rental....................................... |                     |                         |
| Interest and Dividends......................................................................................... |                     |                         |
| Other Receipts (Capital Gains, Public Assistance, etc.) ........................................ |                     |                         |

TOTALS

D. VALUE OF ALL PROPERTY OWNED ON JULY 1 THIS YEAR. Complete this section. Documentation may be requested to verify your assets.

| Real Estate | Assessed Valuation | Amount Due on Mortgage | Value |
| Domicile | | | |
| Other | | | |

| Personal Estate | | | |
| Bank Accounts: Name & Address of Bank | | | |
| Stocks, Bonds, Securities, etc.: Description & Amount | | | |
| Motor Vehicles & Trailers: Year, Make & Model | | | |
| Other Non-exempt Personal Property: Kind & Description | | | |

TOTAL
E. SIGNATURE. Sign here to complete the application.

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

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

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

TAXPAYER INFORMATION ABOUT PERSONAL EXEMPTIONS

PERSONAL EXEMPTIONS. You may be eligible to reduce all or a portion of the taxes assessed on your domicile if you meet the qualifications for one of the personal exemptions allowed under Massachusetts law. Qualifications vary, but generally relate to age, ownership, residency, disability, income or assets.

You may be eligible for an exemption if you fall into any of these categories:

- Legally blind person
- Veteran with a service-connected disability
- Surviving spouse
- Minor child of a deceased parent
- Surviving spouse or servicemember, national guard member or veteran who died from active duty injury or illness
- Senior citizen age 70 and older (65 and older by local option)

More detailed information about the qualifications for each exemption may be obtained from your board of assessors.

WHO MAY FILE AN APPLICATION. You may file an application if you meet all qualifications for a personal exemption as of July 1. You may also apply if you are the personal representative of the estate, or trustee under the will, of a person who qualified for a personal exemption on July 1.

WHEN AND WHERE APPLICATION MUST BE FILED. Your application must be filed with the assessors on or before April 1, or 3 months after the actual bills were mailed for the fiscal year, whichever is later. An application is filed when (1) received by the assessors on or before the filing deadline, or (2) mailed by United States mail, first class postage prepaid, to the proper address of the assessors, on or before the filing deadline, as shown by a postmark made by the United States Postal Service. THIS DEADLINE CANNOT BE EXTENDED OR WAIVED BY THE ASSESSORS FOR ANY REASON. IF YOUR APPLICATION IS NOT TIMELY FILED, YOU LOSE ALL RIGHTS TO AN EXEMPTION AND THE ASSESSORS CANNOT BY LAW GRANT YOU ONE.

PAYMENT OF TAX. Filing an application does not stay the collection of your taxes. In some cases, you must pay all preliminary and actual installments of the tax when due to appeal the assessors’ disposition of your application. Failure to pay the tax when due may also subject you to interest charges and collection action. To avoid any loss of rights or additional charges, you should pay the tax as assessed. If an exemption is granted and you have already paid the entire year’s tax as exempted, you will receive a refund of any overpayment.

ASSESSORS DISPOSITION. Upon applying for an exemption, you may be required to provide the assessors with further information and supporting documentation to establish your eligibility. The assessors have 3 months from the date your application is filed to act on it unless you agree in writing before that period expires to extend it for a specific time. If the assessors do not act on your application within the original or extended period, it is deemed denied. You will be notified in writing whether an exemption has been granted or denied.

APPEAL. You may appeal the disposition of your application to the Appellate Tax Board, or if applicable, the County Commissioners. The appeal must be filed within 3 months of the date the assessors acted on your application, or the date your application was deemed denied, whichever is applicable. The disposition notice will provide you with further information about the appeal procedure and deadline.
Dear Exemption Recipient:

In previous years, if you qualified for the Community Preservation Act Exemption (CPA) we had you complete a full application. Since you have already qualified all we require of you is to complete one page as a form of application for the exemption. This will only be for applicants that are eligible for the 41C Senior Exemption and 41A Senior Deferral.

We have enclosed this page for your convenience, if it is not returned by the deadline date of April 1, 2020 we will not be able to exempt this surcharge.

For the Board of Assessors, I am...

Respectfully yours,

Sarah Sacchetti

Administrative Assistant
Town of Marshfield
Assessors’ Office
781-834-5585
LOW INCOME PERSONS - LOW OR MODERATE INCOME SENIORS
FISCAL YEAR __2020__ APPLICATION FOR COMMUNITY PRESERVATION ACT EXEMPTION
General Laws Chapter 44B

THIS APPLICATION IS NOT OPEN TO PUBLIC INSPECTION
(See General Laws Chapter 44B, § 3 and Chapter 59, § 60)

Return to: Board of Assessors
Must be filed with assessors on or before April 1, or
3 months after actual (not preliminary) tax bills are
mailed for fiscal year if later.

INSTRUCTIONS: Complete all sections. Please print or type.

A. IDENTIFICATION. Complete this section fully.

Name of Applicant ___________________________________________________________
Telephone Number ______________________________ Marital Status ____________________

Were you 60 years or older on January 1, __2019__? Yes [] No []
If yes and first year of application, please attach copy of birth certificate.

Legal residence (domicile) on January 1, __2019__

<table>
<thead>
<tr>
<th>No.</th>
<th>Street</th>
<th>City/Town</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

Mailing address (if different) ____________________________________________________

<table>
<thead>
<tr>
<th>No.</th>
<th>Street</th>
<th>City/Town</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

Location of property: ___________________________________________________________

<table>
<thead>
<tr>
<th>No.</th>
<th>Street</th>
<th>No. of dwelling units:</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

Did you own the property on January 1, __2019__? Yes [] No []
If yes, were you: Sole owner [] Co-owner with spouse only [] Co-owner with others []

Was the property subject to a trust as of January 1, __2019__? Yes [] No []
If yes, please attach trust instrument including all schedules.

Have you been granted any exemption in any other city or town (MA or other) for this fiscal year? Yes [] No []
If yes, name of city or town ______________________________ Type of exemption ____________

B. SIGNATURE. Sign here to complete the application.

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

_________________________________________________________ Date

Signature

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

YOU MUST ALSO COMPLETE SCHEDULES C - F ON FOLLOWING PAGES

FILING THIS APPLICATION DOES NOT STAY THE COLLECTION OF YOUR SURCHARGE.
TO AVOID INTEREST AND COLLECTION CHARGES, YOU MUST PAY SURCHARGE AS BILLED BY DUE DATE.
IF EXEMPTION IS GRANTED AND SURCHARGE IS PAID IN FULL, REFUND WILL BE MADE.
THIS FORM APPROVED BY THE COMMISSIONER OF REVENUE