



PERSONAL PROPERTY TAX BILL CHANGE OF ADDRESS FORM

City of Boston Assessing Department

Name of Business: _____

Name of Owner(s): _____

I.D. Number (6 digit # which can be found on bill): _____

BUSINESS ADDRESS

Old Business Address:

Address: _____

City: _____ State: ____ ZIP: _____

New Business Address

Address: _____

City: _____ State: ____ ZIP: _____

MAILING ADDRESS

Old Mailing Address:

Address: _____

City: _____ State: ____ ZIP: _____

New Mailing Address

Address: _____

City: _____ State: ____ ZIP: _____

Current Business Phone #: _____

Date of Move (*Required if business address has changed*): _____

AUTHORIZATION

Signature of Owner/Representative Required

Date

Printed Name

HOW TO SUBMIT THE FORM:

By Mail:

City of Boston
Personal Property
P.O. Box 9712
Boston, MA 02114

By Email:

personalproperty@cityofboston.gov

By Fax:

(617) 635-4275
Attn: Personal Property

NOTES:

- *Businesses that have moved out of the City of Boston on or after January 1st are responsible for paying the taxes to Boston for the entire fiscal year which begins on the following July 1st.*
- *Businesses that have moved out of Boston prior to January 1st must file the annual Form of List with the municipality to which they have moved in addition to informing the City of Boston.*