

CITY OF BOSTON
FISCAL YEAR 2017 – STATE TAX FORM 2/FORM OF LIST

RETURN OF PERSONAL PROPERTY SUBJECT TO TAXATION

Massachusetts General Laws Ch. 59, § 29

Electronic Filing Version of Sections 1 and 5 and Supplemental Information Request

TO BE FILED BY ALL INDIVIDUALS, PARTNERSHIPS, ASSOCIATIONS OR TRUSTS, CORPORATIONS, LIMITED LIABILITY COMPANIES AND OTHER LEGAL ENTITIES SUBJECT TO TAXATION IN THIS CITY. PERSONAL PROPERTY SCHEDULES ARE NOT OPEN TO PUBLIC INSPECTION (see Massachusetts General Laws Chapter 59 § 32).

NOTE: If your business sold, closed, or moved out of Boston before January 1, 2016, please complete Section 5, Part C.

Forms must be filed by March 1 unless an extension is granted by the board of assessors.

1. TAXPAYER INFORMATION – Complete all sections that apply. Please TYPE or PRINT. Use attachments as necessary.

A. Name of Taxpayer: _____ **FID Number:** _____ (Not SSN)

1. Owner's Name: _____

2. Business Name: _____

B. Assessing Department Business ID#: _____ (If not known, see note at bottom of page)

C. Indicate Status:

Individual (Do not include social security number above)

Partnership. Provide names of all partners: _____

Association or Trust. Provide names of all members/trustees: _____

Limited Liability Company. Provide names of all members: _____

If any of the above or other non-corporate entity, treated as corporation for federal income tax (a) by default rules, check here or (b) by election form, check here . Effective date: _____. If (b) is checked, attach federal election form 8832.

CHECK HERE:

If entity filing federally as a corporation is classified as a manufacturer by the Department of Revenue. To be classified as a manufacturer, an application must be made to the Commissioner on or before January 31 on form 355Q. G. L. ch. 63 § 39 & 42B; ch. 58 § 2; ch. 59 § 5 (16) (5) and 830 C. M. R. 58.2.1.

If entity filing federally as a corporation files Massachusetts return 63-20P, 63-23P or 63FI (see below).

Corporation (check this box only if an incorporated entity)

CHECK HERE:

If corporation classified as a manufacturer by Commissioner of Revenue (to be classified as a manufacturer, an application must be made to the Commissioner on or before January 31 on form 355Q. G. L. ch. 63 § 42B; ch. 58 § 2; ch. 59 § 5 (16) (5) and 830 C. M. R. 58.2.1).

If an insurance company filing premium excise return 63-20P or 63-23P (G. L. ch. 63 § 20 & 23).

If a financial institution filing financial institution return 63FI (G. L. ch. 63 § 1 & 2).

Executive/Administrator. Indicate estate of: _____

Decedent's last residence: _____

Other. Specify: _____

D. Annual certification of entity tax status (all except individuals must complete):

Has entity filed Certification of Entity Status as of this January 1 with the Department of Revenue? Yes* No
(Certification must be filed annually on or before April 1. DOR Directive 12-05). *If Yes, please provide confirmation number: _____

E. Nature of Business or Profession: _____

F. State of Formation: _____

G. Date of Formation: _____

H. Business Address: Boston Address: _____

Mailing Address (if different): _____

Telephone Number: () _____

I. Location(s) of Personal Property in City of Boston: _____

NOTE: IF THIS IS AN EXISTING ACCOUNT, PLEASE ENTER THE SIX DIGIT BUSINESS ID # FROM YOUR TAX BILL IN SECTION B ABOVE.

Supplemental Information Request

NOTICE:

This request is made pursuant to Massachusetts General Laws Chapter 59, Section 38F, and the information sought is vital to the City of Boston's ability to accurately value and assess personal property throughout the City. Failure of an owner of personal property to comply within (60) days after a request has been made may bar the owner from statutory appeal under Massachusetts General Laws Chapter 59. The request date for this notice is January 1, 2016, therefore a submission will be considered timely filed if submitted by March 1, 2016.

Please provide the following additional information regarding your business and return this survey along with the State Tax Form 2/Form of List:

1. Number of Full-time Employees at this location (X): ___ 1-4 ___ 5-9 ___ 10-19 ___ 20-49 ___ 50-100 ___ 100+
2. Number of Personal Computers (offices only): ____
3. Seating capacity (restaurants only): ____
4. Number of Guest Rooms (for hotels, rooming houses, furnished apartment complexes, etc.): ____
5. Square footage of area occupied by business: _____ s.f.

5. SIGNATURES (Please sign below)

A. Representative Designation

If it is your desire to be represented by any employee, attorney or accountant or other agent with respect to any matter associated with this list, indicate name and address of the person you have authorized and to whom the contents of this list may be disclosed.

Name of Designated Representative: _____

Company Name: _____

Mailing Address: _____ Telephone: () _____

Email Address: _____ Fax Number: () _____

B. SIGNATURE OF TAXPAYER

This list, prepared or examined by me, includes all taxable personal Property owned or held by the maker of this list on January 1 (except property that must be listed on State Tax Form 2HF) and to the best of my knowledge and belief, it and all accompanying schedules and statement are true, correct and complete.

Subscribed this _____ day of _____, _____ under the penalties of perjury.

Signature: _____

Sign full name of individual, partnership, association or trust, or corporation or limited liability company

Title of authorized officer: _____

If other than an individual. Signature of authorized officer: _____

(Print or Type) Name

Address

Telephone with area code

Company Name

Email Address

Fax Number

C. If your business sold, closed or moved out of Boston before January 1, 2016, please provide the date in the appropriate space below, attach appropriate documentation, and complete parts A and B above.

Date sold: _____ Date Closed: _____ Date moved: _____