



Town of Boxborough

Office of the Tax Collector

29 Middle Road, Boxborough, Massachusetts 01719

Phone: (978)-264-1718 / Fax (978) 264-3127

Mary P. Shemowat, CMMC, Tax Collector

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INCOME TAX FILING – TAXES PAID REQUEST FORM

There is a charge of **\$1.00 per statement** for each Motor Vehicle and **\$2.00 per statement** for Real Estate and Personal Property.

Please include a **Self Addressed Stamped Envelope** for the mailing of the Statements of Account.

(Extra postage required for each four (4) statements requested.)

(I will respond to your request as soon as time permits, however, I do have ten (10) days to respond to this request.)

Date of Request: _____ Year(s): _____

Name: _____

Address: _____

Phone #: _____ (In case there is a question about your request.)

Please Check Information Needed: **Both RE & MV** **RE Only** **MV Excise only**

REAL ESTATE TAX INFORMATION

Owner (If different from above): _____

Property Address(s) (If different from above): _____

MV EXCISE TAX INFORMATION

If different from above: (spouse, child, leasing company)

Name (as it appears) on Registration: _____

Name (as it appears) on Registration: _____

Model Year / Make: _____ License Plate # _____

Model Year / Make: _____ License Plate # _____

Model Year / Make: _____ License Plate # _____

Model Year / Make: _____ License Plate # _____

