

# TOWN OF BRIDGEWATER



Assessors' Department  
Town Hall - 64 Central Street  
Bridgewater, MA 02324  
[assessors@bridgewaterma.or](mailto:assessors@bridgewaterma.or)

PHONE (508) 697-0928  
FAX (508) 697-0523

## STATEMENT OF EMPLOYMENT

Name of record owner \_\_\_\_\_

Name of applicant \_\_\_\_\_

Location of property \_\_\_\_\_

The following information is required in order to determine the applicant's eligibility for exemption under the provisions of **CH. 59 SEC. 5 C1 22E**. All questions must be answered accurately and in detail.

- 1 Were you employed by others at any time during the year prior to filing application for exemption?

If answer is no indicate \_\_\_\_\_

If answer is yes, please complete the following:

(A) Name and address of your employer \_\_\_\_\_

(B) Dates of employment \_\_\_\_\_

(C) The rate of wages or salary received \_\_\_\_\_

(D) IRS Return of prior year \_\_\_\_\_

- 2 Were you self-employed during the year prior to filing application for exemption?

If answer is no indicate \_\_\_\_\_

If answer is yes, please complete the following:

(A) Kind of work \_\_\_\_\_

(B) Dates worked \_\_\_\_\_

(C) Total earnings \_\_\_\_\_

(D) IRS Return of prior year \_\_\_\_\_

I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief.

Signing this form under the penalties of perjury has the legal effect of swearing under oath to the truthfulness of the information contained herein, Intentional misrepresentation of facts in this application may result in denial of this exemption.

SUBSCRIBED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_ UNDER THE PENALTIES OF PERJURY.

Signature of record owner \_\_\_\_\_

Signature of applicant (if other than record owner) \_\_\_\_\_

Address of applicant \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_