



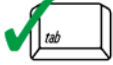
# Massachusetts Department of Environmental Protection

## FORM TAX-AQ

Application & Affidavit for Property Tax Exemption Certification

### A. Company & Facility Information

**Important:** When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Date (MM/DD/YYYY) \_\_\_\_\_

To: \_\_\_\_\_

MassDEP Regional Director Name \_\_\_\_\_

MassDEP Region:      Central                       Northeast                       Southeast                       Western

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Re: \_\_\_\_\_

Company Name \_\_\_\_\_

Street Address/P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

I, \_\_\_\_\_,

Company Owner/Operator Name \_\_\_\_\_

as owner/operator of the above referenced company, hereby apply for a property tax certification, as provided for in M.G.L. Chapter 59, Section 5, Clause 44, as amended, and in pursuance thereof hereby state and affirm as follows:

Company Name \_\_\_\_\_

constructed, installed or placed in operation equipment for the control of air pollution in accordance with plans approved by the Department of Environmental Protection (MassDEP):

Date (MM/DD/YYYY) \_\_\_\_\_ MassDEP Approval Number \_\_\_\_\_

The following equipment is used for the purpose of controlling air pollution:

Check appropriate category:      Improvements to Existing Facility                       New Facility

Date of Completion (MM/DD/YYYY) \_\_\_\_\_ Date Operation Began (MM/DD/YYYY) \_\_\_\_\_

1. Describe the air pollution control equipment: (Attach additional pages, if necessary.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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### A. Company & Facility Information (continued)

2. Provide the Total Area OR Total Volume of the facility, as applicable:

\_\_\_\_\_  
Total Area (Square Feet)

\_\_\_\_\_  
Total Volume (Cubic Feet)

3. Provide the portion of the Total Area OR Total Volume of the facility used *solely* for the purpose of air pollution control:

\_\_\_\_\_  
Area (Square Feet)

\_\_\_\_\_  
Volume (Cubic Feet)

4. Provide the Annual Operating Time of the facility:

\_\_\_\_\_  
Operating Time (Hours Per Year)

5. Provide the Operating Time that the air pollution control equipment is used *solely* for the purpose of air pollution control:

\_\_\_\_\_  
Operating Time (Hours Per Year)

6. Provide the Total Cost of the air pollution control equipment:

\$

\_\_\_\_\_  
Total Cost

7. Calculate the prorated cost you are claiming as eligible for tax exemption certification:

Total Cost of Equipment (No. 6) x Portion of Area or Volume (No. 3 ÷ No. 2) x Portion of Operating Time (No. 5 ÷ No. 4) =

\$

\_\_\_\_\_  
Prorated Cost Your Are Claiming

### B. Certification Statement

"I swear and affirm that the above statements are true and correct to the best of my knowledge and belief and made under the pains and penalties of perjury."

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Signature of Officer

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

**Complete Certification Statement on Next Page ►**



# Massachusetts Department of Environmental Protection

## FORM TAX-AQ

Application & Affidavit for Property Tax Exemption Certification

### B. Certification Statement (continued)

Witnessed by:

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address