



Massachusetts Department of Revenue

Form ST-6E

Claim for Exemption from Sales or Use Tax
on Boat, Recreation or Snow Vehicle

Name of purchaser/business	Federal Identification number	Social Security number
Mailing address		
City/Town	State	Zip
Fill in if: <input type="radio"/> Business <input type="radio"/> Sole-proprietor <input type="radio"/> Individual		
Fill in if: <input type="radio"/> Dealer sale	Fill in if (select one): <input type="radio"/> Boat <input type="radio"/> Recreation vehicle <input type="radio"/> Snow vehicle	
Model year	Make of boat or vehicle	Model name Engine size
Type/length	Serial or VIN	Date of sale (mm/dd/yyyy) City/town of mooring
USCG documentation number	Name of vessel	Hailing port

Reason for claim of tax exemption. Dealers complete line 1 and lines 5 through 8 only.

1 The transfer was made to an exempt purchaser holding exemption organization certificate, or to a Massachusetts or federal government agency **1**

2 Boat or vehicle was transferred to me by my:

- Spouse Father Mother
 Son Brother
 Daughter Sister

Name of most recent registrant of boat or vehicle	Date (mm/dd/yyyy)	Number
3 City/town of payment of sales/use tax (attach receipt)	State	
4 Date of acquisition of boat or vehicle (mm/dd/yyyy)	State	Date first brought into Massachusetts (if purchased outside of Massachusetts) (mm/dd/yyyy)

5 Other (explain)

6 Federal commercial license number (if any)	Expiration date (mm/dd/yyyy)	Date of last federal catch report (mm/dd/yyyy)
7 Gross sales price (include cents. Do not include price of trailer)	7 <input type="text"/>	
8 Total tax	8 <input type="text" value="0.00"/>	

Declaration

The undersigned certifies under the penalties of perjury that all items and statements herein contained are true and accurate in every particular.

Signature of purchaser (must file with Department of Revenue)	Title	Date
Business name of seller (if any)	Federal Identification number (if dealer)	
Signature of seller	Title	Date
Mailing address	City/Town	State Zip

This claim is subject to verification and assessment by the Department of Revenue. Erroneous information will result in suspension of registration.

Approved by Department of Revenue representative	Date
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