FORM 346

THE COMMONWEALTH OF MASSACHUSETTS_____ OFFICE OF THE COLLECTOR OF TAXES

NAME OF CITY OR TOWN

List of Recorded Sales or Takings To be set up as Tax Title

_____, 19___ Sheet No._____

To_____, Treasurer: Submitted herewith is a list of the separate accounts of the parcels of land purchased or taken for the non-payment of 19____taxes, covered by deeds or instruments of taking filed for record or registration in the Registry of Deeds on _____, 19 _____, which are to be set up as TAX TITLE ACCOUNTS on the books of the town. Credit as provided by law is hereby claimed for the amounts of all such taxes and costs, charges and fees, as itemized herein and on any attached sheets.

(Signed)_____, Collector of Taxes for_____

Name of City or Town

Full Name and Address of Person assessed in the year of the tax for which land was sole or taken --- Location and Brief description of the Parcel of Land No. and Street Lot No. Block Plan	REAL ESTATE TAX OR UNPAID BALANCE	ADDED TO TAX BILL								District Taxes	Interest to Date of Sale or Taking	CHARGES AND FEES				ORIGINAL SUM FOR WHICH LAND WAS SOLD OR TAKEN	Fees Resulting from Sale	TAX TITLE ACCOUNT
		Moth Tax	Street Sprinkling or Oiling Assessment	Apportioned and Unapportioned Assessments				Water Lien				Demand	Preparing Advertisement of Sale	Advertisement of Sale in Newspaper	Posting Notices of Sale		Affidavit and Deed --- Preparing and Recording	
				Sewer	Sidewalk	Sewer Betterment												
				List any committed interest below the assessment to which it applies														
TOTALS																		

SHOW SEPARATE TOTALS, ONE FOR ASSESSMENT AND ONE FOR COMMITTED INTEREST. TOTAL NUMBER OF SHEETS ATTACHED_____

ABOVE LIST AND ATTACHED SHEETS NUMBERED ___TO_____, RECEIVED ON _____, 19_____(SIGNED)_____, TREASURER

TO_____COLLECTOR OF TAXES: I hereby certify that you have been credited as provided by G.L. (Ter. Ed.) Chapter 60,§95 as amended, with the amount of all taxes and costs, charges and fees on the land taken or purchased for non-payments of 19____ taxes as itemized herein and on any attached sheets.

Date_____, 19_____ (Signed)_____Accounting Officer (State Title)

THIS FORM APPROVED BY DEPARTMENT OF REVENUE