

****PLEASE COMPLETE AND RETURN TO THE BOARD OF ASSESSORS****

STATEMENT OF EMPLOYMENT

NAME OF RECORD OWNER: _____
NAME OF APPLICANT IF DIFFERENT: _____

THE FOLLOWING INFORMATION IS REQUIRED IN ORDER TO DETERMINE
THE APPLICANT'S ELEGIBILITY FOR EXEMPTION UNDER THE
PROVISIONS OF CH.59 SEC.5CL.22E.

**A. WERE YOU EMPLOYED BY OTHERS AT ANY TIME DURING THE YEAR
PRIOR TO FILING APPLICATION FOR EXEMPTION?**

IF ANSWER IS NO, PLEASE INDICATE _____
IF ANSWER IS YES, PLEASE COMPLETE THE FOLLOWING:

Name and address of your employer _____

Dates of employment _____
The rate of wages or salary received _____
IRS return of prior year _____

**B. WERE YOU SELF-EMPLOYED DURING THE YEAR PRIOR TO FILING
APPLICATION FOR EXEMPTION?**

IF ANSWER IS NO, PLEASE INDICATE _____
IF ANSWER IS YES, PLEASE COMPLETE THE FOLLOWING:

Kind of work _____
Dates worked _____
Total earnings _____
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,
INTENTIONAL MISREPRESENTATION OF FACTS IN THIS APPLICATION
MAY RESULT IN DENIAL OF THE EXEMPTION.