

FORM CA-6  
(Rev. 3-81)  
20791

MASSACHUSETTS DEPARTMENT OF REVENUE  
ABATEMENT BUREAU  
P.O. BOX 7031  
BOSTON, MA 02204



# APPLICATION FOR ABATEMENT

PLEASE PREPARE THIS APPLICATION CAREFULLY. MISTAKES CAUSE DELAY.

1. Type of Tax		2. Tax Period - Month: Quarter: Year:		DEPARTMENTAL USE ONLY
3. Federal I.D. or Social Security No.		4. Amount of Abatement Applied for: \$		
5. Legal Name of Taxpayer (If joint return, use names and initials of both)				
6. Present Mailing Address (Number and street, city or town, state, zip code)				
7. Have You Previously Applied For an Abatement of This Period on the Same Issue? _____ If Yes, When? _____ Under What Name? _____ Under What Federal I.D. or Social Security No.? _____				
8. Reason For Filing Abatement: (Please check appropriate box)				

- Amendment of original tax reported
- Adjustment of original billing
- Adjustment of an additional assessment
- Adjustment of interest and/or penalty
- Adjustment of payment/credit
- Other (Please specify) \_\_\_\_\_

9. Pursuant to the applicable General Laws, Chapter 62-65C, 121A and 138, the taxpayer named herein makes application for abatement of the tax assessed for the period stated, to the extent set forth.  
Please state the issue involved, including all facts and relevant statutory references. In addition, please attach any exhibits in substantiation of your abatement.  
**IF IN RECEIPT OF BILL, KINDLY ATTACH COPY.**

10. Consent is hereby given, pursuant to Chapter 58A, Section 6, for the Commissioner of Revenue to act upon this application after six months from the date of filing. This consent is provided to protect your rights where processing of your application for abatement is delayed for any reason. Your consent may be withdrawn at any time. If you do not consent, or withdraw your consent, the application for abatement is deemed denied (1) at the expiration of six months from the date of filing or (2) the date consent is withdrawn, whichever is later.	
11. Subscribed this _____ day of _____, 19____ under the penalties of perjury.	
12. Signature Of Taxpayer	13. Telephone Number (During Business Hours)
14. Title Of Taxpayer (For Business Use Only)	15. Preparer's Signature (Power Of Attorney Required If Representing Taxpayer)

