



**TOWN OF FRANKLIN**  
**OFFICE OF THE TREASURER-COLLECTOR**

355 EAST CENTRAL ST.  
FRANKLIN, MA 02038  
Phone: (508) 520-4950  
E-mail: treasurer@franklinma.gov

**INCOME TAX FILING – TAXES PAID REQUEST FORM**

Please include a **Self Addressed Stamped Envelope** if you want the information mailed.  
(Extra postage required for each four (4) statements requested.)  
(We will respond to your request as soon as time permits, however, we do have ten (10) days to respond to this request.)

Date of Request: \_\_\_\_\_ Year(s): \_\_\_\_\_

Name (Last, First): \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ (In case there is a question about your request)

**Please Circle Information Needed:    Both RE & MV    RE Only    MV Excise Only**

**REAL ESTATE TAX INFORMATION**

Owner (If different than above): \_\_\_\_\_

Property Address(s) (If different from above): \_\_\_\_\_

Parcel ID(s): \_\_\_\_\_

**MV EXCISE TAX INFORMATION**

If different than above: (spouse, child, leasing co.)

Name (as it appears) on Registration: \_\_\_\_\_

Name (as it appears) on Registration: \_\_\_\_\_

Model Year / Make: \_\_\_\_\_ License Plate # \_\_\_\_\_

Model Year / Make: \_\_\_\_\_ License Plate # \_\_\_\_\_

Model Year / Make: \_\_\_\_\_ License Plate # \_\_\_\_\_

Model Year / Make: \_\_\_\_\_ License Plate # \_\_\_\_\_