



Town of Boxborough
Office of the Tax Collector

29 Middle Road, Boxborough, Massachusetts 01719

Phone: (978) 264-1715 / Fax (978) 264-3127

Patrick J. McIntyre, Tax Collector

Email: pmcintyre@boxborough-ma.gov

INCOME TAX FILING – TAXES PAID REQUEST FORM

Please include a Self-Addressed Stamped Envelope for the mailing of the Statements of Account. Extra postage required for each four (4) statements requested. The Tax Collector has ten (10) days in which to respond to requests for this information.

Date of Request: _____ Year(s): _____

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Please Check Information Needed: Both RE & MV RE Only MV Excise Only

REAL ESTATE TAX INFORMATION

Owner (if different from above): _____

Property Address (if different than above): _____

MV EXCISE TAX INFORMATION

Name (as it appears on registration): _____

Name (as it appears on registration): _____

Year / Make / Model: _____ Registration Number: _____

Year / Make / Model: _____ Registration Number: _____

Year / Make / Model: _____ Registration Number: _____

Year / Make / Model: _____ Registration Number: _____