

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
**ASSESSING OFFICIALS' RESPONSE TO EXEMPTIONS/
 TAX CREDITS/DEFERRAL APPLICATION**

Property for which Exemption/Tax Credit/Deferral is claimed:

NOTE: "CU PARTNER" STANDS FOR "CIVIL UNION PARTNER"

| | | | |
|---|----------------------------|------------|----------|
| STEP 1 NAME AND ADDRESS | PROPERTY OWNER'S LAST NAME | FIRST NAME | INITIAL |
| | Miller | Marshall | R |
| | PROPERTY OWNER'S LAST NAME | FIRST NAME | INITIAL |
| | Miller | Diana | L |
| | MAILING ADDRESS | | |
| 134 Farm Lane | | | |
| CITY/TOWN | | STATE | ZIP CODE |
| Seabrook | | NH | 03874 |
| PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED | | | |
| 134 Farm Lane | | | |

| | | | | |
|---|---|------------|---------|--|
| STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFERRAL | CITY/TOWN TAX MAP # 13 | BLOCK # 84 | LOT # 2 | |
| | VETERANS' TAX CREDIT | | | Granted/Denied Date |
| | <input checked="" type="checkbox"/> Veterans' Tax Credit \$50 minimum (to \$500) | Amount \$ | 500 | <input checked="" type="checkbox"/> <input type="checkbox"/> |
| | <input type="checkbox"/> Service Connected Total & Permanent Disability \$700 minimum to \$2000 | Amount \$ | | <input type="checkbox"/> <input type="checkbox"/> |
| | <input type="checkbox"/> Surviving Spouse/CU Partner of Veteran Who Was Killed or Who Died on Active Duty \$700 minimum (to \$2000) | Amount \$ | | <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> Review Discharge Papers (ei: Form DD214), Form # _____ | | | | |
| <input type="checkbox"/> Other Information _____ | | | | |

| | | | | | | | | |
|--|--|--------------------------------------|--|--|--|---------|--------|------|
| <input type="checkbox"/> Total Exemption | | <input type="checkbox"/> (a) Veteran | | <input type="checkbox"/> (b) Surviving Spouse/CU Partner | | Granted | Denied | Date |
|--|--|--------------------------------------|--|--|--|---------|--------|------|

| APPLICABLE ELDERLY AND DISABLED EXEMPTION (OPTIONAL) INCOME AND ASSET LIMITS | | | |
|--|--------------------|-------------------|------------------------------------|
| Income Limits | Disabled Exemption | Elderly Exemption | Elderly Exemption Per Age Category |
| Single | \$ | \$ | 65 - 74 years of age \$ |
| Married | \$ | \$ | 75 - 79 years of age \$ |
| Asset Limits | | | 80 + years of age \$ |
| Single | \$ | \$ | |
| Married | \$ | \$ | |

| OTHER EXEMPTIONS | | Granted | Denied | Date |
|---|-----------|--------------------------|--------------------------|-------|
| <input type="checkbox"/> Elderly Exemption | Amount \$ | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> Disabled Exemption | Amount \$ | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> Improvements to Assist the Deaf | Amount \$ | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> Improvements to Assist Persons with Disabilities | Amount \$ | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> Blind Exemption | Amount \$ | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> Deaf Exemption | Amount \$ | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> Solar Energy Systems Exemption | Amount \$ | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> Woodheating Energy Systems Exemption | Amount \$ | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> Wind-Powered Energy Systems Exemption | Amount \$ | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

| | | | |
|--|-----------|--------------------------|--------------------------|
| Elderly & Disabled Tax Deferral | | Granted | Denied |
| <input type="checkbox"/> Elderly and Disabled Tax Deferral | Amount \$ | <input type="checkbox"/> | <input type="checkbox"/> |

For Deferrals: This page must be returned to the property owner after approval or denial on or before July 1st **following** the date of Notice of Tax under RSA 72:1-d by first class mail. (RSA 72:34,IV)

| | |
|---------------------------------------|--------------------------|
| STEP 3 COMMENTS/ NOTES | Municipal Comments/Notes |
|---------------------------------------|--------------------------|

| STEP 4 SIGNATURES | Selectmen/Assessor(s) Printed Name | Signature of Selectmen/Assessor(s) in ink | Date |
|----------------------|------------------------------------|---|------|
| | Aboul B. Khan, Chairman | | |
| | Theresa Kyle | | |
| | Ella Brown | | |
| | | | |

APPEAL PROCEDURE If an application for a property tax exemption or tax credit is denied, an applicant may appeal in writing on or before **September 1st** following the date of notice of tax under RSA 72:1-d to the New Hampshire Board of Tax and Land Appeals (BTLA) or to the Superior Court. Example: If you were denied an exemption from your 2013 property taxes, you have until September 1, 2014, to appeal. Forms for appealing to the BTLA may be obtained from the NH BTLA, 107 Pleasant Street, Concord, NH 03301, their web site at www.nh.gov/btla or by calling (603) 271-2578. Be sure to specify **EXEMPTION APPEAL**.

PROPERTY OWNER'S NAME

PROPERTY OWNER'S NAME

TAX MAP/BLOCK/LOT

vc
2020

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS
DUE DATE APRIL 15 PRECEDING THE SETTING OF THE TAX RATE

RECEIVED

| STEP 1 OWNER AND APPLICANT NAME AND ADDRESS | | OWNER AND APPLICANT INFORMATION | | | | |
|--|--|---|--|--|-------|----------|
| | | OWNER | | If required, is a PA-33 on file? <input type="radio"/> YES <input type="radio"/> NO | | |
| | | APPLICANT'S LAST NAME | | APPLICANT'S FIRST NAME | | |
| | | APPLICANT'S LAST NAME | | APPLICANT'S FIRST NAME | | |
| | | MAILING ADDRESS | | STATE | | ZIP CODE |
| | | CITY/TOWN | | TAX MAP | BLOCK | LOT |
| | | PROPERTY ADDRESS | | IS THIS YOUR PRIMARY RESIDENCE? <input type="radio"/> YES <input type="radio"/> NO | | |
| STEP 2 VETERANS' TAX CREDITS AND EXEMPTION | | VETERAN'S INFORMATION | | | | |
| 1. APPLICANT IS THE: | | 2. APPLYING FOR: | | | | |
| <input checked="" type="radio"/> Veteran <input type="radio"/> Spouse <input type="radio"/> Surviving Spouse | | <input checked="" type="checkbox"/> Tax Credit Veterans' Standard (RSA 72:28) <input type="checkbox"/> Tax Credit for Service-Connected Total Disability (RSA 72:35) <input type="checkbox"/> Tax Credit for Surviving Spouse (RSA 72:29-a "...of any person who was killed or died while on active duty...") <input type="checkbox"/> Certain Disabled Veterans (Exemption) (RSA 72:36-a) | | | | |
| 3. Veteran's Name | | 4. Date of Entry | | 5. Date of Discharge/Release | | |
| 6. Name of Allied Country Served in | | 7. Branch of Service | | 8. Please Check One. | | |
| 9. Does any other eligible Veteran own interest in this property? | | <input type="radio"/> US Citizen at time of entry into Service <input type="radio"/> Alien but resident of NH at time of entry into Service | | | | |
| STEP 3 EXEMPTIONS | | STANDARD EXEMPTIONS | | | | |
| 10. <input type="checkbox"/> Elderly Exemption (Must be 65 years of age on or before April 1 of year for which exemption is claimed) (RSA 72:39-a) | | 10a. Applicant's Date of Birth | | | | |
| 11. <input type="checkbox"/> Improvements to Assist Persons with Disabilities (RSA 72:37-a) | | 10b. Spouse's Date of Birth | | | | |
| | | LOCAL OPTIONAL EXEMPTIONS (If adopted by city/town) | | | | |
| 12. <input type="checkbox"/> Blind Exemption (RSA 72:37) | | <input type="checkbox"/> Solar Energy Systems Exemption (RSA 72:62) | | | | |
| <input type="checkbox"/> Deaf Exemption (RSA 72:38-b) | | <input type="checkbox"/> Wind-Powered Energy Systems Exemption (RSA 72:66) | | | | |
| <input type="checkbox"/> Disabled Exemption (RSA 72:37-b) | | <input type="checkbox"/> Woodheating Energy Systems Exemption (RSA 72:70) | | | | |
| STEP 4 RESIDENCY | | 13. <input checked="" type="checkbox"/> NH Resident for One Year preceding April 1 in the year in which the tax credit is claimed (Veterans' Tax Credit) | | | | |
| | | <input type="checkbox"/> NH Resident for Five Consecutive Years (Deaf) or At least Five Years (Disabled) preceding April 1 in the year the exemption is claimed | | | | |
| | | <input type="checkbox"/> NH Resident for Three Consecutive Years preceding April 1 in the year the exemption is claimed (Elderly Exemption) | | | | |
| STEP 5 OWNERSHIP | | 14. Do you own 100% interest in this residence? <input checked="" type="radio"/> Yes <input type="radio"/> No If NO, what percent (%) do you own? <input type="text"/> | | | | |
| STEP 6 SIGNATURES | | Under penalties of perjury, I declare that I have examined this document and to the best of my belief the information herein is true, correct and complete. | | | | |
| | | SIGNATURE (IN INK) OF PROPERTY OWNER | | DATE | | |
| | | SIGNATURE (IN INK) OF PROPERTY OWNER | | DATE | | |
| WHEN TO FILE | | Form PA-29 must be filed by April 15 preceding the setting of the tax rate. The municipal assessing officials shall send written notice to the taxpayer of their decision by July 1 prior to the date of notice of tax. Failure of the municipal assessing officials to respond shall constitute a denial of the application. (See instructions for more details) | | | | |
| APPEAL PROCEDURE | | If an application for a property tax exemption or tax credit is denied by the municipality, an applicant may appeal in writing on or before September 1 following the date of notice of tax under RSA 72:1-d, to the NH Board of Tax and Land Appeals (BTLA) or to the Superior Court in the county where the property is located. (See instructions for more details) | | | | |

PROPERTY OWNER NAME

PROPERTY OWNER NAME

TAX MAP | BLOCK | LOT

2020
reg
vc

VETERANS' CREDIT QUALIFICATIONS WORKSHEET
In Satisfaction of RSA 21-J:11-a Assessment Review Report Conducted Every Five Years

Name of Municipality: Seabrook

Name of Applicant: Marshall R. Miller

Address of Applicant's Principal Place of Abode 134 Farm Lane

Map and Lot Number of Applicant's Principal Place of Abode: 8-15-2018 13-84-2

Date of Original Application to Municipality: 8-15-2018

Regular Veterans' Tax Credit (RSA 72:28)

Date Range of Active Duty From DD214 or other qualifying discharge papers;
(90 days must be within this range) 9-4-63-9-3-65 Name of Conflict: Vietnam

Was veteran honorably discharged or separated from service? YES NO

If applicable, list any qualifying medals earned: _____

For a list of qualifying medals go to: http://www.nh.gov/revenue/property_tax/veterans_medals_list.doc

For a list of qualifying discharge papers go to:
http://www.nh.gov/revenue/property_tax/Veterans_Qualifying_Dischg_Papers_-_Web_0804.doc

Documentation Reviewed By: Carolina Camilleri Application Approved by: At 1/14/20

Service Connected Total and Permanent Disability (RSA 72:35)

The municipality has seen a copy of the letter provided by the United States Department of Veterans' Affairs certifying that the applicant is rated totally and permanently disabled from service connection and has approved or denied this application accordingly.

Documentation Reviewed By: _____ Application Approved by: _____

Surviving Spouse of Veteran Who was Killed or Who Died While on Active Duty (RSA 72:29-a) or, Certain Disabled Veterans (RSA 72:36-a)¹

For 72:29-a: The municipality has seen a copy of the DD214 discharge papers or a copy of the DD Form 1300, Report of Casualty, or other qualifying discharge papers of the veteran's spouse and has determined that the veteran, in this case, died or was killed while on active duty in the armed forces of the United States of America in the wars, conflicts or armed conflicts, or combat zones set forth in RSA 72:28 and has approved or denied this application accordingly.

For 72:36-a: The municipality has seen a letter from the VA certifying that the veteran did receive assistance from the VA in acquiring his residential real estate.

Documentation Reviewed By: _____ Application Approved By: _____

Date of Review: _____ Date of Review: _____ Date of Review: _____

LEGEND: Insert N/A in the items below which are not applicable

12-04166

| | | | | | | | | | | | | |
|---|---|--|--|---|--|-------------------------------|---|-------------------------------------|--|---------------------|-------------------|--|
| PERSONAL DATA | 1. LAST NAME - FIRST NAME - MIDDLE NAME MILLER, MARSHALL, RAY | | 2. SERVICE NUMBER US AR 566 828 | | 3a. GRADE, RATE OR RANK SPL E-4 (T) | | b. DATE OF RANK/DAY, MONTH, YEAR 9 Dec 64 | | | | | |
| | 4. DEPARTMENT, COMPONENT AND BRANCH OR 5. PLACE OF BIRTH (City and State or Country) ARMY-AUS-TC Junior, West Virginia | | | 6. DATE OF BIRTH 3 Jan 40 | | 7. SEX Male | | 8. MARITAL STATUS MARRIED | | | | |
| | 7a. None | | c. COLOR HAIR Brown | | d. COLOR EYES Hazel | | e. HEIGHT 66 | | f. WEIGHT 135 | | | |
| TRANSFER OR DISCHARGE DATA | 10a. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED 12 YEARS | | | | b. MAJOR COURSE OR FIELD General | | | | 9. U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| | 11a. TYPE OF TRANSFER OR DISCHARGE TRANSFERRED TO USAR (SEE 18) | | | | b. STATION OR INSTALLATION AT WHICH EFFECTED Fort Campbell, Kentucky | | | | c. REASON AND AUTHORITY AR 635-200 SPN: 201 (Expiration of Term of Service) | | | |
| | 12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 53rd Transportation Company (Med Trk) Third US Army | | | | 13a. CHARACTER OF SERVICE HONORABLE | | 14. EFFECTIVE DATE 3 Sep 65 | | 15. TYPE OF PUNISHMENT ISSUED NONE | | | |
| SELECTIVE SERVICE DATA | 14. SELECTIVE SERVICE NUMBER 46 14 40 2 | | 15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE Local Board Number 14 Morgantown, West Virginia | | | | 16. DATE INDUCTED 4 Sep 63 | | | | | |
| | 17. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED USAR Control Group (Animal Training) USAAC St. Louis, Missouri | | | | | | | | | | | |
| SERVICE DATA | 18. TERMINAL DATE OF RESERVE OBLIGATION 3 Sep 69 | | | 19. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY <input type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Re-enlistment) <input checked="" type="checkbox"/> REENLISTED b. TERM OF SERVICE (Year) NA | | | c. DATE OF ENTRY NA | | | d. OTHER: NA | | |
| | 20. PRIOR REGULAR ENLISTMENTS NONE | | | 21. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE PVT E-1 | | | 22. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) Fairmont, West Virginia | | | | | |
| | 23. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County and State) Box #193 Booth, Monongalia, West Virginia | | | 24. STATEMENT OF SERVICE | | | | | | | | |
| | 25a. SPECIALTY NUMBER AND TITLE 64820 Heavy Vehicle Driver | | | 25b. RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER 7-36.250 Heavy Truck Driver | | | a. CREDITABLE FOR BASIC PAY PURPOSES | | (1) NET SERVICE THIS PERIOD | | YEARS MONTHS DAYS | |
| | | | | | | | (2) OTHER SERVICE | | 02 00 00 | | | |
| | | | | | | | (3) TOTAL (Line (1) + line (2)) | | 00 00 00 | | | |
| | | | | | | | b. TOTAL ACTIVE SERVICE | | 02 00 00 | | | |
| | | | | | | c. FOREIGN AND/OR SEA SERVICE | | 00 00 00 | | | | |
| 25. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED Good Conduct Medal Sharpshooter Badge (Carbine) Marksman Badge (Rifle) | | | | | | | | | | | | |
| 27. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known) NONE | | | | | | | | | | | | |
| 28. SERVICE SCHOOLS OR COLLEGES, COLLECTIVE TRAINING COURSES AND/OR POST-GRADUATE COURSES SUCCESSFULLY COMPLETED | | | | | | | | | | | | |
| a. SCHOOL OR COURSE | | | b. DATES (From - To) | | | c. MAJOR COURSES | | | 29. OTHER SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED | | | |
| NONE | | | NA | | | NA | | | BASIC COMBAT TRG MILITARY JUSTICE CER TRAINING CODE OF CONDUCT | | | |
| VA DATA | 30a. GOVERNMENT LIFE INSURANCE IN FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | | b. AMOUNT OF ALLOTMENT NA | | | | c. MONTH ALLOTMENT DISCONTINUED NA | | | |
| | 31a. VA BENEFITS PREVIOUSLY APPLIED FOR (Specify type) NONE | | | | b. VA CLAIM NUMBER NA | | | | | | | |
| AUTHENTICATION | 32. REMARKS Blood Group "O" SSAN: 232-66-1217 Item 3a PFC E-3 (P) Apr 6 May 64 DOR: 6 May 64 Lump Sum payment made for 12 days accrued leave. | | | | | | | | | | | |
| | 33. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County and State) (See Item 23) | | | | | | 34. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Ray Marshall Miller</i> | | | | | |
| | 35a. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER LARRY W. COLE, 2d Lt, AGC Asst AG | | | | | | b. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>Larry W. Cole</i> | | | | | |

RECEIVED

JAN 28 2019

Town of Seabrook Office