FORM
PA-35

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

ASSESSING OFFICIALS' RESPONSE TO TAX CREDITS / EXEMPTIONS OR TAX DEFERRAL APPLICATION

STEP 1 OWNER AND APPLICANT INFORMATION

OWNER: OLIVER & SHELLY CARTER — If required, is a PA-33 on file? (✓) YES ( ) NO

APPLICANT'S LAST NAME: CARTER — APPLICANT'S FIRST NAME: OLIVER — MI: L

APPLICANT'S LAST NAME: CARTER — APPLICANT'S FIRST NAME: SHELLY — MI: L

MAILING ADDRESS: 15 NICHOLAS WAY

CITY/TOWN: SEABROOK — STATE: NH — ZIPCODE: 03874

PROPERTY ADDRESS for which Tax Credit / Exemption / Deferral is claimed: 20 ROBERT RD

TAX MAP: 9 — BLOCK: 41 — LOT: 35

STEP 2 TAX CREDITS / EXEMPTIONS / TAX DEFERRAL

VETERANS' TAX CREDITS / EXEMPTION

	AMOUNT	GRANTED	DENIED	DATE
☐ Veterans' Tax Credit RSA 72:28 *(Standard $50; Optional $51 up to $750)*		( )	( )	
☐ All Veterans' Tax Credit RSA 72:28-b *(Standard $50, Optional $51 up to $750)*		( )	( )	
☐ Tax Credit for Service-connected Total Disability *(Standard $700; Optional $701 up to $4,000)*		( )	( )	
☐ Surviving Spouse Tax Credit *(Standard $700; Optional $701 up to $2,000)*		( )	( )	
☐ Tax Credit for Combat Service RSA 72:28-c *($50 up to $500)*		( )	( )	

☐ Review Applicable Discharge Papers Form(s)

☐ Other Information

☐ Certain Disabled Veterans' Exemption — Filing As the ( ) Veteran ( ) Surviving Spouse — GRANTED ( ) DENIED ( )

APPLICABLE ELDERLY, DISABLED AND DEAF EXEMPTION INCOME AND ASSET LIMITS

CONTACT YOUR MUNICIPALITY FOR INCOME AND ASSET LIMITS

Income Limits	Deaf Exemption	Disabled Exemption	Elderly Exemption
Single		$44,000	
Married		$67,000	
Asset Limits			
Single		$250,000	
Married		$250,000	

Elderly Exemption Per Age Category	
65-74 years of age	$192,000
75-79 years of age	$204,000
80+ years of age	$240,000

STANDARD and LOCAL OPTIONAL EXEMPTIONS *(when previously adopted by the City/Town)*

	AMOUNT	GRANTED	DENIED	DATE
☑ Elderly Exemption	$192,000	(✓)	( )	04/24/2023
☐ Improvements to Assist Persons with Disabilities		( )	( )	
☐ Blind Exemption		( )	( )	
☐ Deaf Exemption		( )	( )	
☐ Disabled Exemption		( )	( )	
☐ Electric Energy Storage Systems Exemption		( )	( )	
☐ Solar Energy Systems Exemption		( )	( )	
☐ Woodheating Energy Systems Exemption		( )	( )	
☐ Wind-powered Energy Systems Exemption		( )	( )	

ELDERLY / DISABLED TAX DEFERRAL

☐ Elderly & Disabled Tax Deferral — GRANTED ( ) DENIED ( ) AMOUNT: — DATE:

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

STEP 3 COMMENTS / NOTES

Municipal Notes

NEW FOR 2023

FORM
PA-35

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

ASSESSING OFFICIALS' RESPONSE TO TAX CREDITS / EXEMPTIONS OR TAX DEFERRAL APPLICATION

MUNICIPAL AUTHORIZATION

STEP 4 SIGNATURES

PRINT / TYPE NAME OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	SIGNATURE (IN INK) OF SELECTMEN / MUNICIPAL ASSESSING OFFICIAL	DATE
THERESA KYLE, CHAIRMAN		
SRINIVASAN RAVIKUMAR (RAVI)		
HAROLD EATON		

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 1** following the date of notice of tax as defined in RSA 72:1-d, to the New Hampshire Board of Tax and Land Appeals (BTLA) or the Superior Court in the county where the property is located. **Example:** If you were denied an exemption from your 2014 property taxes, you have until September 1, 2015, to appeal. Forms for appealing to the BTLA may be obtained from the NH BTLA, 107 Pleasant Street, Concord, NH 03301; their website at www.nh.gov/btla; or by calling (603) 271-2578. Be sure to specify **EXEMPTION APPEAL**.

INSTRUCTIONS

STEP 1 PROPERTY OWNER'S INFORMATION

Please type or print the property owner(s) name and address in the spaces provided. Also enter the property address, tax map, block and lot numbers of the property for which the exemption, tax credit or tax deferral is claimed.

STEP 2 TAX CREDITS / EXEMPTIONS / TAX DEFERRAL

Check the Tax Credit(s) / Exemption(s) / Tax Deferral box(es) which apply to the property listed in Step 1.
Check the box(es) Granted or Denied which apply.
Place the amount of the Tax Credit / Exemption / Tax Deferral which was granted or denied.
Place the date the Tax Credit / Exemption / Tax Deferral was granted or denied.
For those exemptions having income or asset limitations, the municipal assessing officials may request true copies of any documents needed to verify eligibility.
All documents and copies of such documents submitted by the applicant shall be returned to the applicant after a decision is made on the application.

STEP 3 COMMENTS / NOTES

Optional space to place any notes or comments which the applicant should be made aware of.

STEP 4 SIGNATURES

Selectmen or Municipal Assessing Officials must print and sign their name in ink and date the form.

FORM
PA-29

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS

MUNICIPAL AUTHORIZATION - TO BE COMPLETED BY MUNICIPAL ASSESSING OFFICIALS

VETERANS' TAX CREDIT

MUNICIPAL TAX MAP ____ BLOCK ____ LOT ____

	AMOUNT	GRANTED	DENIED	DATE
☐ Veterans' Tax Credit RSA 72:28 *(Standard $50; Optional $51 up to $750)*		○	○	
☐ All Veterans' Tax Credit RSA 72.28-b *(Standard $50; Optional $51 up to $750)*		○	○	
☐ Tax Credit for Service-Connected Total Disability *(Standard $700; Optional $701 up to $4,000)*		○	○	
☐ Surviving Spouse Tax Credit *(Standard $700; Optional $701 up to $2,000)*		○	○	
☐ Tax Credit for Combat Service pursuant to RSA 72:28-c *($50 up to $500)*		○	○	

☐ Reviewed documents submitted by applicant (list documents reviewed)

☐ Other Information

VETERANS' EXEMPTION

☐ Certain Disabled Veterans' Exemption GRANTED ○ DENIED ○

APPLICABLE ELDERLY, DISABLED AND DEAF EXEMPTION INCOME AND ASSET LIMITS

CONTACT YOUR MUNICIPALITY FOR INCOME AND ASSET LIMITS

Income Limits	Deaf Exemption	Disabled Exemption	Elderly Exemption
Single			44000
Married			67000
Asset Limits			
Single			250000
Married			250000

Elderly Exemption Per Age Category	
65-74 years of age	192000
75-79 years of age	204000
80+ years of age	240000

STANDARD and LOCAL OPTIONAL EXEMPTIONS

	AMOUNT	GRANTED	DENIED	DATE
☑ Elderly Exemption	192000	○	○	4/24/23
☐ Improvements to Assist Persons with Disabilities		○	○	
☐ Blind Exemption		○	○	
☐ Deaf Exemption		○	○	
☐ Disabled Exemption		○	○	
☐ Electric Energy Storage Systems Exemption		○	○	
☐ Solar Energy Systems Exemption		○	○	
☐ Woodheating Energy Systems Exemption		○	○	
☐ Wind-powered Energy Systems Exemption		○	○	
☐ Renewable Generation Facilities and Electric Energy Storage Systems		○	○	

A photocopy of this Form (Pages 1 and 2) or Form PA-35 must be returned to the property owner after approval or denial.

The following documentation may be requested at the time of application in accordance with RSA 72:34, II.

☐ * List of assets, value of each asset, net encumbrance and net value of each asset.
☐ * Statement of applicant and spouse's income.
☐ * Federal Income Tax Form.
☐ * State Interest and Dividends Tax Form.
☐ * Property Tax Inventory Form filed in any other town.

*** Documents are considered confidential and must be returned to the applicant once a decision is made on the application.**

Municipal Notes

PRINT / TYPE NAME OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL	SIGNATURE (IN INK) OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL	DATE
Theresa Kyle Chair		
Sr. Nivasan Ravikumar (RAVI)		
Harold Eaton		

REQUIREMENTS, CONDITIONS, AND INSTRUCTIONS
OPTIONAL ADJUSTED *ELDERLY EXEMPTION*
FOR THE TOWN OF SEABROOK, NH

Please fill out each area carefully. Please make certain that you sign at the end of the form in the signature area provided. ***All financial documents and bank statements must be included with application.***

RECEIVED
APR 13 2023
Town of Seabrook
Assessor's Office

1) Personal Information

Applicant's name(s): Oliver L. Carter Jr

Mailing address: 15 Nicholas Way Seabrook NH 03874

Marital status: married: X single:_____ Widow(er):_____

Residence owned: solely: X joint tenants:_____ w/other(s)_____ Trust:_____ Life estate_____

Number of years owned residence: 18 yrs I have been a legal resident of NH since: 1986

Date of birth: 10/4/1955 Age: 67 Spouse's date of birth: 11/29/1963 Age: 59

Do you own real estate other than your occupied NH residence? NO (If yes, please attach tax bill)

2) Income Information (yearly amount from last year)

VERIFICATION OF ALL THE FOLLOWING MUST BE SUBMITTED

	Applicant	Applicant's Spouse	
a. Social Security:	$_____	$_____	
b. Pension & Retirement	$_____	$_____	
c. Wages:	$ 61846.00	$ 3086.94	
d. Rental Income:	$_____	$_____	
e. Other Income:	$_____	$_____	
f. Interest Income	$_____	$_____	
	$ 61846.00 ✓ Total Income	$ 3086.94 ✓ Total Income	64932.94 ✓ Total of all Income

Are you required to file an interest and dividends tax return to the State of New Hampshire? NO (If yes, please provide a copy of your return)

Are you required to file an IRS tax return? YES ✓ (If yes, please provide a copy of your most recent federal income tax return. If no, please sign the attached form 8821 authorizing the Town of Seabrook to contact the IRS for verification purposes.

3. Asset Information

a. Type of property for which exemption is claimed: **Single Family** ✓ **Multi-family**_____

b. If multi-family, in which unit do you reside? _____ What is the living area of your unit? _____

Assets:
Please list all assets owned (self & Spouse)
Savings Accounts or Investments/Certificates: (CD's, stocks, bonds, IRA's, annuities, travel trailers, RV's, boats, antiques, cars, etc.)

YOU MUST SUBMIT VERIFICATION OF THESE AMOUNTS (CURRENT STATEMENTS WITH BALANCES)

Savings Account:	**Institution** _____	**Value $** 0
Checking Account:	**Institution** Bank Prov	**Value $** 726.00 ✓
IRA:	**Institution** _____	**Value $** 0
CD:	**Institution** _____	**Value $** 0
Type _____	**Institution** _____	**Value $** 0
Type _____	**Institution** _____	**Value $** 0

Estimated yard sale value of furniture, jewelry, furs, antiques, etc $ 5000

Vehicles:

Car make Toyota	Model Tundra	Year 2005	Mileage 114,997	Value $ 5600.00
Car make Chrysler	Model Town+Country	Year 2008	Mileage 139431	Value $ 1900.00
Boat make _____	Model _____	Year _____	Mileage _____	Value $ _____
RV make Forest River	Model wildwood	Year 2013	Mileage NA	Value $ 5000

Real Estate: Other than your occupied NH Residence

Property type APT att to house	In town& State Seabrook	Value $ 81400
Property type _____	In town& State _____	Value $ _____

Total of all assets $ 99,626.00

I swear under penalty of perjury, that all the above is correct and accurate accounting of my financial condition to the best of my knowledge. I further authorize any agency or financial institution to release information about me or copies of my records to any agent of the Town of Seabrook Assessor's Office. I release all persons whomsoever from any liability resulting from the release o this information.

Applicant's Signature: [signature] Spouse's Signature: [signature] Date: 4/13/23

Telephone number: 603-997-1862 **(Office use only) Reviewed by** [signature]

Property Location 15 NICHOLAS WAY | Map ID 9/ 41/ 35/ / | Bldg Name | State Use 1014
Vision ID 102012 | Account # 09041035 | Bldg # 1 | Sec # 1 of 1 | Card # 1 of 2 | Print Date 4/13/2023 10:26:23 A

CONSTRUCTION DETAIL

Element	Cd	Description
Style:	04	Cape Cod
Model	01	Residential
Grade:	04	Average +10
Stories:	1.75	1 3/4 Stories
Occupancy	2	
Exterior Wall 1	25	Vinyl Siding
Exterior Wall 2		
Roof Structure:	03	Gable/Hip
Roof Cover	03	Asph/F Gls/Cmp
Interior Wall 1	05	Drywall/Sheet
Interior Wall 2		
Interior Flr 1	20	Laminate
Interior Flr 2	14	Carpet
Heat Fuel	02	Oil
Heat Type:	05	Hot Water
AC Type:	01	None
Total Bedrooms	06	6 Bedrooms
Total Bthrms:	5	
Total Half Baths	1	
Total Xtra Fixtrs		
Total Rooms:	9	5 Rooms
Bath Style:	02	Average
Kitchen Style:	02	Average
Location:		
MHP		

CONSTRUCTION DETAIL (CONTINUED)

Element	Cd	Description

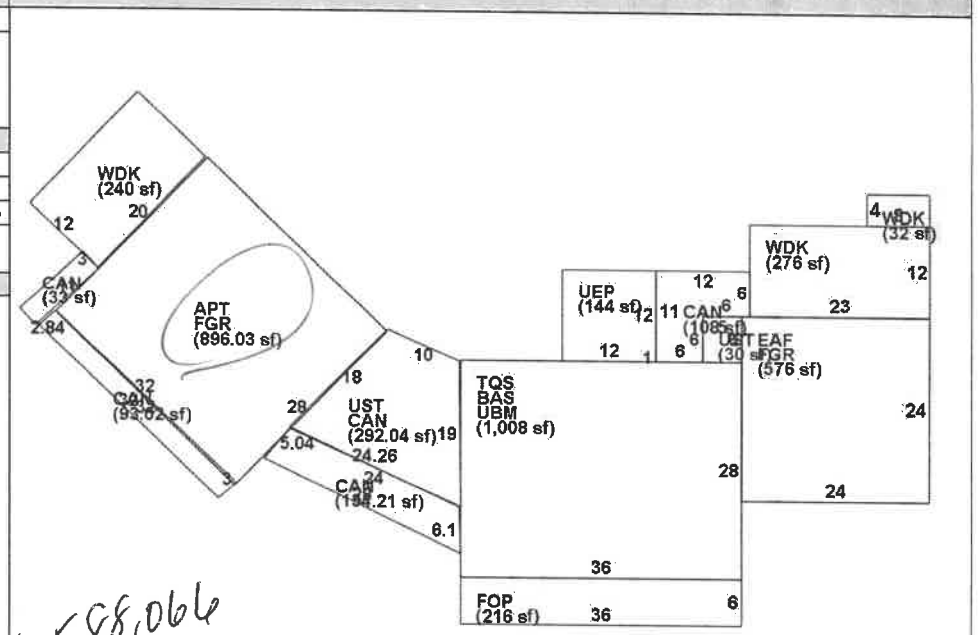
CONDO DATA

Parcel Id		C		Owne	
		B		S	

Adjust Type	Code	Description	Factor%
Condo Flr			
Condo Unit			

COST / MARKET VALUATION

Building Value New	389,417
Year Built	2005
Effective Year Built	2011
Depreciation Code	G
Remodel Rating	
Year Remodeled	
Depreciation %	10
Functional Obsol	
External Obsol	0
Trend Factor	1.000
Condition	
Condition %	
Percent Good	90
Cns Sect Rcnld	350,500
Dep % Ovr	
Dep Ovr Comment	
Misc Imp Ovr	
Misc Imp Ovr Comment	
Cost to Cure Ovr	
Cost to Cure Ovr Comment	



APT 88,066
WDK 2,366
90,432
X .90
81,400

OB - OUTBUILDING & YARD ITEMS(L) / XF - BUILDING EXTRA FEATURES(B)

Code	Description	L/B	Units	Unit Price	Yr Blt	Cond. Cd	% Gd	Grade	Grade Adj.	Appr. Value
PAT1	Patio Avg.	L	276	6.00	2015		50		0.00	800
A/C	Air Conditionin	B	896	2.00	2020		90		0.00	1,600
KITH	Kitchen	B	1	1800.00	2020		90		0.00	1,600

BUILDING SUB-AREA SUMMARY SECTION

Code	Description	Living Area	Floor Area	Eff Area	Unit Cost	Undeprec Value
APT	Apartment	896	896	896	98.29	88,066
BAS	First Floor	1,008	1,008	1,008	98.29	99,074
CAN	Canopy	0	660	132	19.66	12,974
EAF	Attic, Expansion, Finished	202	576	202	34.47	19,854
FGR	Garage, Framed	0	1,472	515	34.39	50,618
FOP	Porch, Open, Finished	0	216	43	19.57	4,226
TQS	Three Quarter Story	756	1,008	756	73.72	74,306
UBM	Basement, Unfinished	0	1,008	202	19.70	19,854
UEP	Porch, Enclosed, Unfinished	0	144	72	49.14	7,077
UST	Utility, Storage, Unfinished	0	322	81	24.72	7,961
	Ttl Gross Liv / Lease Area	2,862	7,858	3,962		389,416

Form **1040-SR** Department of the Treasury—Internal Revenue Service **U.S. Tax Return for Seniors** | **2022** | OMB No. 1545-0074 | IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box.

☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS)
☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Your first name and middle initial	Last name	Your social security number
Oliver L	Carter, Jr	[redacted]
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Shelly L	Carter	[redacted]

Home address (number and street). If you have a P.O. box, see instructions.	Apt. no.
15 Nicholas Way	

City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code
Seabrook	NH	03874

Foreign country name	Foreign province/state/county	Foreign postal code

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) . . . . . ☐ Yes ☒ No

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness { **You:** ☒ Were born before January 2, 1958 ☐ Are blind
Spouse: ☐ Was born before January 2, 1958 ☐ Is blind

Dependents (see instructions):

(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit	Credit for other dependents
			☐	☐
			☐	☐
			☐	☐
			☐	☐

If more than four dependents, see instructions and check here ☐

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a Form W-2, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	61,846.
b	Household employee wages not reported on Form(s) W-2	1b	
c	Tip income not reported on line 1a (see instructions)	1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
e	Taxable dependent care benefits from Form 2441, line 26	1e	
f	Employer-provided adoption benefits from Form 8839, line 29	1f	
g	Wages from Form 8919, line 6	1g	
h	Other earned income (see instructions)	1h	0.
i	Nontaxable combat pay election (see instructions) 1i		
z	Add lines 1a through 1h	1z	61,846.

Attach Schedule B if required.

2a	Tax-exempt interest	2a		b Taxable interest	2b	
3a	Qualified dividends	3a		b Ordinary dividends	3b	
4a	IRA distributions	4a		b Taxable amount	4b	
5a	Pensions and annuities	5a		b Taxable amount	5b	
6a	Social security benefits	6a		b Taxable amount	6b	

c If you elect to use the lump-sum election method, check here (see instructions) . . . ☐

7 Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . ☐ 7

	8	Other income from Schedule 1, line 10	8	1,323.
	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**	9	63,169.
	10	Adjustments to income from Schedule 1, line 26	10	94.
	11	Subtract line 10 from line 9. This is your **adjusted gross income**	11	63,075.
Standard Deduction See *Standard Deduction Chart* on the last page of this form.	12	**Standard deduction or itemized deductions** (from Schedule A)	12	27,300.
	13	Qualified business income deduction from Form 8995 or Form 8995-A	13	246.
	14	Add lines 12 and 13	14	27,546.
	15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**	15	35,529.
Tax and Credits	16	**Tax** (see instructions). Check if any from: 1 ☐ Form(s) 8814 2 ☐ Form(s) 4972 3 ☐ _____	16	3,852.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	3,852.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	3,852.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	187.
	24	Add lines 22 and 23. This is your **total tax**	24	4,039.
Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2 — 25a: 5,344.		
	b	Form(s) 1099 — 25b:		
	c	Other forms (see instructions) — 25c:		
	d	Add lines 25a through 25c	25d	5,344.
	26	2022 estimated tax payments and amount applied from 2021 return	26	
If you have a qualifying child, attach Sch. EIC.	27	Earned income credit (EIC) — No. — 27:		
	28	Additional child tax credit from Schedule 8812 — 28:		
	29	American opportunity credit from Form 8863, line 8 — 29:		
	30	Reserved for future use — 30:		
	31	Amount from Schedule 3, line 15 — 31:		
	32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**	32	
	33	Add lines 25d, 26, and 32. These are your **total payments**	33	5,344.

Refund

34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid** . . . . . 34 1,305.

35a Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here . . . . . ☐ 35a 1,305.

Direct deposit? See instructions.

b Routing number 211374020 c Type: ☒ Checking ☐ Savings

d Account number 120153741

36 Amount of line 34 you want **applied to your 2023 estimated tax** 36

Amount You Owe

37 Subtract line 33 from line 24. This is the **amount you owe.** For details on how to pay, go to *www.irs.gov/Payments* or see instructions 37

38 Estimated tax penalty (see instructions) 38

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions . . . . . ☐ **Yes.** Complete below. ☒ **No**

Designee's name | Phone no. | Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		Treasurer	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
		Printshop	

Phone no. (603)474-5034 Email address

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
Firm's name Self-Prepared			Phone no.	
Firm's address			Firm's EIN	