

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

**STEP 1 OWNER AND APPLICANT INFORMATION**

OWNER  If required, is a PA-33 on file?  YES  NO

APPLICANT'S LAST NAME  APPLICANT'S FIRST NAME  MI

APPLICANT'S LAST NAME  APPLICANT'S FIRST NAME  MI

MAILING ADDRESS

CITY/TOWN  STATE  ZIPCODE

PROPERTY ADDRESS for which Tax Credit / Exemption / Deferral is claimed

TAX MAP  BLOCK  LOT

**STEP 2 TAX CREDITS / EXEMPTIONS / TAX DEFERRAL**

**VETERANS' TAX CREDITS / EXEMPTION**

	AMOUNT	GRANTED	DENIED	DATE
<input type="checkbox"/> Veterans' Tax Credit RSA 72:28 (Standard \$50, Optional \$51 up to \$750)	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input type="checkbox"/> All Veterans' Tax Credit RSA 72:28-b (Standard \$50; Optional \$51 up to \$750)	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input type="checkbox"/> Tax Credit for Service-connected Total Disability (Standard \$700; Optional \$701 up to \$4,000)	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input type="checkbox"/> Surviving Spouse Tax Credit (Standard \$700; Optional \$701 up to \$2,000)	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input type="checkbox"/> Tax Credit for Combat Service RSA 72:28-c (\$50 up to \$500)	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input type="checkbox"/> Review Applicable Discharge Papers Form(s) <input type="text"/>				
<input type="checkbox"/> Other Information <input type="text"/>				
<input type="checkbox"/> Certain Disabled Veterans' Exemption Filing As the <input type="radio"/> Veteran <input type="radio"/> Surviving Spouse		GRANTED <input type="radio"/>	DENIED <input type="radio"/>	<input type="text"/>

**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	Elderly Exemption Per Age Category	
Single	<input type="text"/>	\$44,000	<input type="text"/>	65-74 years of age	<input type="text" value="\$192,000"/>
Married	<input type="text"/>	\$67,000	<input type="text"/>	75-79 years of age	<input type="text" value="\$204,000"/>
<b>Asset Limits</b>				80+ years of age	<input type="text" value="\$240,000"/>
Single	<input type="text"/>	\$250,000	<input type="text"/>		
Married	<input type="text"/>	\$250,000	<input type="text"/>		

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

	AMOUNT	GRANTED	DENIED	DATE
<input checked="" type="checkbox"/> Elderly Exemption	\$204,000	<input checked="" type="radio"/>	<input type="radio"/>	04/24/2023
<input type="checkbox"/> Improvements to Assist Persons with Disabilities	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input type="checkbox"/> Blind Exemption	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input type="checkbox"/> Deaf Exemption	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input type="checkbox"/> Disabled Exemption	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input type="checkbox"/> Electric Energy Storage Systems Exemption	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input type="checkbox"/> Solar Energy Systems Exemption	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input type="checkbox"/> Woodheating Energy Systems Exemption	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input type="checkbox"/> Wind-powered Energy Systems Exemption	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

**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

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

**MUNICIPAL AUTHORIZATION**

**STEP 4 SIGNATURES**

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

**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](http://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.

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
<input type="checkbox"/> Veterans' Tax Credit RSA 72:28 (Standard \$50; Optional \$51 up to \$750)	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input type="checkbox"/> All Veterans' Tax Credit RSA 72:28-b (Standard \$50; Optional \$51 up to \$750)	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input type="checkbox"/> Tax Credit for Service-Connected Total Disability (Standard \$700; Optional \$701 up to \$4,000)	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input type="checkbox"/> Surviving Spouse Tax Credit (Standard \$700; Optional \$701 up to \$2,000)	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input type="checkbox"/> Tax Credit for Combat Service pursuant to RSA 72:28-c (\$50 up to \$500)	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input type="checkbox"/> Reviewed documents submitted by applicant (list documents reviewed)	<input type="text"/>			
<input type="checkbox"/> Other Information	<input type="text"/>			

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	Elderly Exemption Per Age Category
Single	<input type="text"/>	<input type="text"/>	<input type="text" value="44000"/>	65-74 years of age <input type="text" value="192000"/>
Married	<input type="text"/>	<input type="text"/>	<input type="text" value="67000"/>	75-79 years of age <input type="text" value="204000"/>
Asset Limits				80+ years of age <input type="text" value="240000"/>
Single	<input type="text"/>	<input type="text"/>	<input type="text" value="250000"/>	
Married	<input type="text"/>	<input type="text"/>	<input type="text" value="250000"/>	

STANDARD and LOCAL OPTIONAL EXEMPTIONS

	AMOUNT	GRANTED	DENIED	DATE
<input checked="" type="checkbox"/> Elderly Exemption	<input type="text" value="204000"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input type="checkbox"/> Improvements to Assist Persons with Disabilities	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input type="checkbox"/> Blind Exemption	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input type="checkbox"/> Deaf Exemption	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input type="checkbox"/> Disabled Exemption	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input type="checkbox"/> Electric Energy Storage Systems Exemption	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input type="checkbox"/> Solar Energy Systems Exemption	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input type="checkbox"/> Woodheating Energy Systems Exemption	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input type="checkbox"/> Wind-powered Energy Systems Exemption	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
<input type="checkbox"/> Renewable Generation Facilities and Electric Energy Storage Systems	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

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

*New for 2023*

PRINT / TYPE NAME OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL <i>Theresa Kyle, Chair</i>	SIGNATURE (IN INK) OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL	DATE
PRINT / TYPE NAME OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL <i>Srinivasan Ravikummar (RAVI)</i>	SIGNATURE (IN INK) OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL	DATE
PRINT / TYPE NAME OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL <i>Harold Eaton</i>	SIGNATURE (IN INK) OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL	DATE
PRINT / TYPE NAME OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL	SIGNATURE (IN INK) OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL	DATE
PRINT / TYPE NAME OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL	SIGNATURE (IN INK) OF SELECTMAN / MUNICIPAL ASSESSING OFFICIAL	DATE

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

**RECEIVED**

APR 14 2023

Town of Seabrook  
Auditor's Office

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.

**1) Personal Information**

Applicant's name(s): Allen & Frances Eaton

Mailing address: 37 Folly Mill Terrace

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

Residence owned: solely:  joint tenants:  w/other(s)  Trust:  Life estate

Number of years owned residence: 50 I have been a legal resident of NH since: Allen 1965 Frances 1956

Date of birth: 2/29/1948 Age: 75 Spouse's date of birth: 2/12/1950 Age: 73

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:	\$ <u>28,345.20</u>	\$ <u>21,277.30</u>
b. Pension & Retirement	\$ <u>2,213.00</u>	\$ _____
c. Wages:	\$ <u>0</u>	\$ <u>0</u>
d. Rental Income:	\$ <u>0</u>	\$ <u>0</u>
e. Other Income:	\$ <u>0</u>	\$ <u>0</u>
f. Interest Income	\$ <u>52</u>	\$ _____
	\$ <u>30,670 -</u>	\$ <u>21,277.30</u>
	<b>Total Income</b>	<b>Total Income</b>

\$ 51,947.00 ✓  
**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? ORIGINAL home What is the living area of your unit? 44' x 24'

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	<u>Santander</u>	Value \$	<u>235.60</u> ✓
Checking Account:	Institution	<u>Santander</u>	Value \$	<u>2398.03</u> ✓ <u>147.22</u>
IRA:	Institution	<u>Lincoln</u>	Value \$	<u>89,968.91</u> ✓
CD:	Institution	<u>—</u>	Value \$	<u>—</u>
Type <u>MM</u>	Institution	<u>Santander</u>	Value \$	<u>8.68</u> ✓
Type <u>—</u>	Institution	<u>—</u>	Value \$	<u>—</u>

Estimated yard sale value of furniture, jewelry, furs, antiques, etc \$ 2,000

Vehicles:

Car make	<u>Chevy</u>	Model	<u>Silverado</u>	Year	<u>2020</u>	Mileage	<u>38,000</u>	Value \$	<u>42,000</u> ✓
Car make	<u>Lincoln</u>	Model	<u>MKX</u>	Year	<u>2008</u>	Mileage	<u>37,000</u>	Value \$	<u>6,000</u>
Boat make	<u>—</u>	Model	<u>—</u>	Year	<u>—</u>	Mileage	<u>—</u>	Value \$	<u>—</u>
RV make	<u>—</u>	Model	<u>—</u>	Year	<u>—</u>	Mileage	<u>—</u>	Value \$	<u>—</u>

(Owes -25500)

Real Estate: Other than your occupied NH Residence

Property type House <sup>Plus</sup> Fulw In town & State Seabrook NH Value \$ 101,200

Property type — In town & State — Value \$ —

Total of all assets \$ 117,259.00 ✓ OK

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 of this information.

Applicant's Signature Alle White Spouse's Signature Francis Date: 4/10/2023

Telephone number: 603 474-2098 (Office use only) Reviewed by ✓

Filing Status [ ] Single [X] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying surviving spouse (QSS)
Check only one box. 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 ALLEN W. Last name EATON Your social security number [REDACTED]
If joint return, spouse's first name and middle initial FRANCIS H. Last name EATON Spouse's social security number [REDACTED]
Home address (number and street). If you have a P.O. box, see instructions. 37 FOLLY MILL TERRACE Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. SEABROOK State ZIP code 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 [X] 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: [X] Were born before January 2, 1958 [ ] Are blind Spouse: [X] 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 instr.): Child tax credit Credit for other dependents

Income table with columns for description, sub-column (2a-6a), and sub-column (b). Rows include Total amount from Form(s) W-2, Household employee wages, Tip income, Medicaid waiver payments, Taxable dependent care benefits, Employer-provided adoption benefits, Wages from Form 8919, Other earned income, Nontaxable combat pay election, Tax-exempt interest, Qualified dividends, IRA distributions, Pensions and annuities, Social security benefits, Capital gain or (loss), Other income from Schedule 1, Adjustments to income, Subtract line 10 from line 9, Standard deduction or itemized deductions, Qualified business income deduction, Add lines 12 and 13, Subtract line 14 from line 11. Total taxable income: 0.

LHA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form 1040 (2022)

<b>Tax and Credits</b>	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	0.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	0.
	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	0.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	
	24	Add lines 22 and 23. This is your total tax	24	0.

<b>Payments</b>	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	
	b	Form(s) 1099	25b	878.
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	878.
	26	2022 estimated tax payments and amount applied from 2021 return	26	
	27	Earned income credit (EIC)	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	878.

<b>Refund</b>	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	878.
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	35a	878.
	b	Routing number	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
	d	Account number		
	36	Amount of line 34 you want applied to your 2023 estimated tax	36	

<b>Amount You Owe</b>	37	Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> 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: **GORDON W ULEN** Phone no.: **978-372-7050** Personal identification number (PIN): **55855**

**Sign Here**

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_ Your occupation: **RETIRED**

If the IRS sent you an Identity Protection PIN, enter it here (see inst.) \_\_\_\_\_

Spouse's signature. If a joint return, both must sign. \_\_\_\_\_ Date: \_\_\_\_\_ Spouse's occupation: **RETIRED**

If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) \_\_\_\_\_

Phone no. \_\_\_\_\_ Email address \_\_\_\_\_

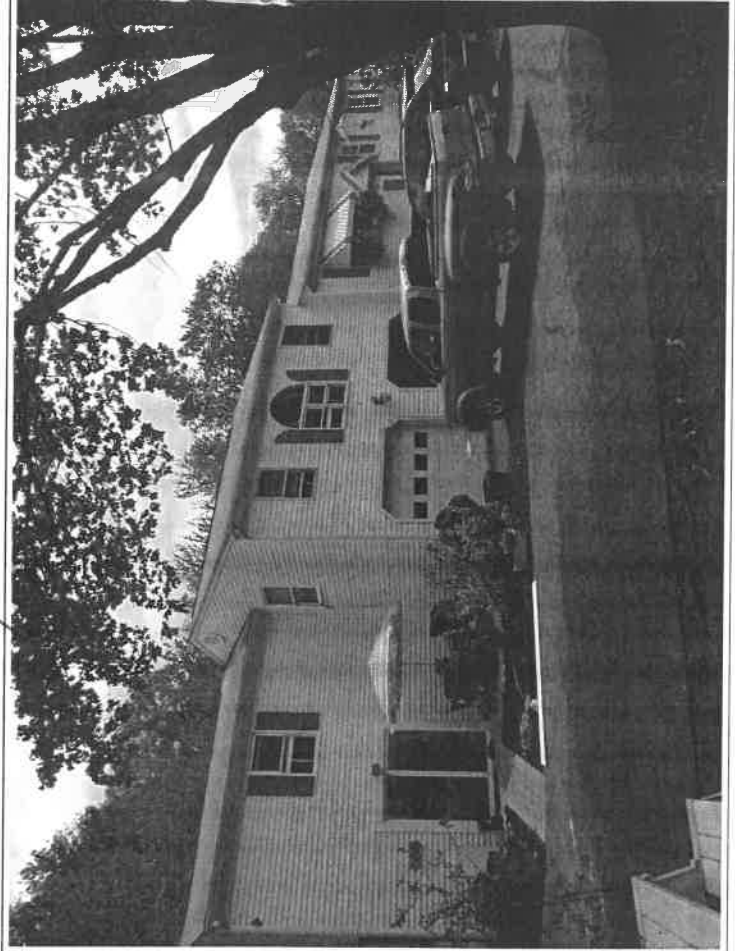
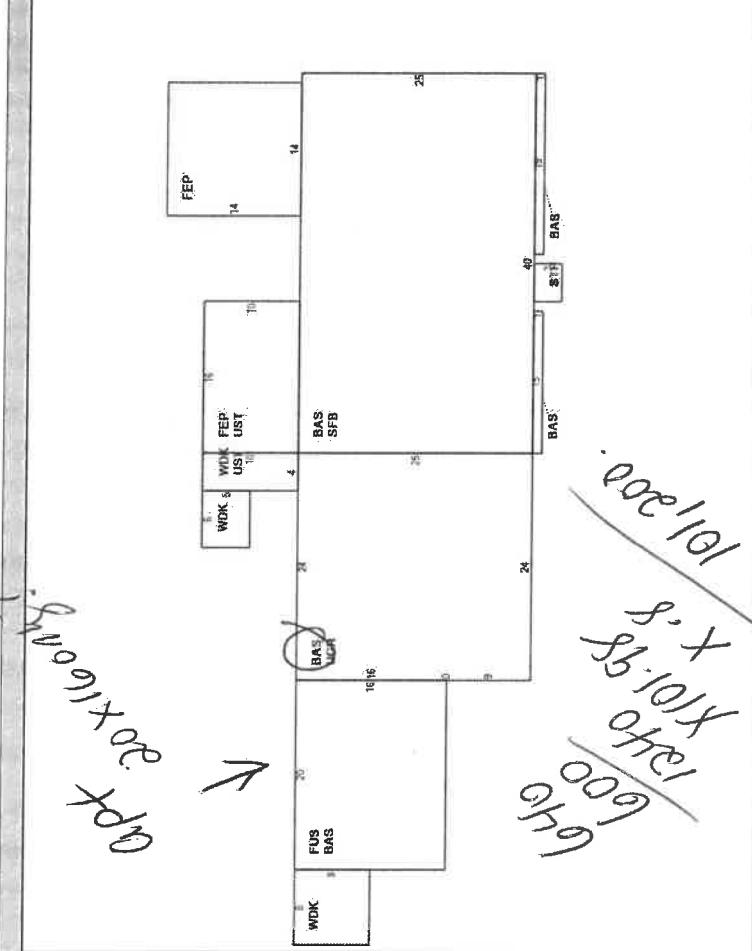
**Paid Preparer Use Only**

Preparer's name: **GORDON W ULEN** Preparer's signature: \_\_\_\_\_ Date: **03/02/23** PTIN: **P00486027** Check if:  Self-employed

Firm's name: **GORDON W ULEN CPA PC** Phone no.: **603-929-7777**

Firm's address: **87 LAFAYETTE ROAD #4 HAMPTON FALLS, NH 03844** Firm's EIN: **47-2469104**

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information. Form 1040 (2022)



Element	Cd	Description	Element	Cd	Description
Style:	08	Raised Ranch			
Model	01	Residential			
Grade:	04	Average +10			
Stories:	1	1 Story			
Occupancy	2	Vinyl Siding			
Exterior Wall 1	25	Gable/Hip			
Exterior Wall 2	03	Asph/F Glis/Cmp			
Roof Structure:	03	Drywall/Sheet			
Roof Cover	05	Carpet			
Interior Wall 1	14	Hardwood			
Interior Wall 2	12	Oil			
Interior Fir 1	02	Hot Water			
Interior Fir 2	05	None			
Heat Fuel	01	4 Bedrooms			
AC Type:	04	9 Rooms			
Total Bedrooms	2	Average			
Total Bathrooms	0	Average			
Total Half Baths	0				
Total Xtra Fixts	9				
Total Rooms:	02				
Bath Style:	02				
Kitchen Style:					
Location:					
MHP					

OB - OUTBUILDING & YARD ITEMS (L) / XF - BUILDING EXTRA FEATURES (B)										
Code	Description	L/B	Units	Unit Price	Yr Bilt	Cond.	Cd	% Gd	Grade Adj.	Appr. Value
KITH	Kitchen	B	1	1800.00	1998			80	0.00	1,400
HTR2	Monitor Heater	B	1	1000.00	1998			80	0.00	800
PAT2	Patio Gd.	L	90	11.00	2015			75	0.00	700
SHD1	Shed Wood	L	120	12.00	2017			90	0.00	1,300
GEN1	Stndby Gen1	B	1	3000.00	2021			100	0.00	3,000

BUILDING SUB-AREA SUMMARY SECTION									
Code	Description	Living Area	Floor Area	Eff Area	Unit Cost	Undeprec Value			
BAS	First Floor	1,954	1,954	1,954	101.98	199,266			
FEP	Porch, Enclosed, Finished	0	356	249	71.33	25,393			
FUS	Upper Story, Finished	320	320	320	101.98	32,633			
SFB	Basement, Raised	1,000	1,000	600	61.19	61,187			
STP	Stoop	0	12	0	0.00	0			
UGR	Garage, Basement	0	600	150	25.49	15,297			
UST	Utility, Storage, Unfinished	0	200	50	25.49	5,099			
WDK	Deck, Wood	0	134	13	9.89	1,326			
Ttl Gross Liv / Lease Area		3,274	4,576	3,336		340,201			



NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION  
STATEMENT OF QUALIFICATION FOR PROPERTY TAX CREDIT, EXEMPTION OR  
TAX DEFERRAL UNDER RSA 72:33, V

(To be submitted with Form PA-29 or Form PA-30)

RECEIVED

APR 14 2023

USE THIS FORM IF YOUR PROPERTY IS HELD IN A TRUST, HAS EQUITABLE TITLE OR IS A LIFE ESTATE

TYPE OR PRINT

OWNER	EATON Family Revocable TRUST		
APPLICANT'S LAST NAME	EATON	APPLICANT'S FIRST NAME	Allen W
APPLICANT'S LAST NAME	EATON	APPLICANT'S FIRST NAME	FRANCES H
MAILING ADDRESS	37 Folly Mill Terrace		
CITY/TOWN	Seabrook	STATE	NH ZIP CODE 03874
PROPERTY ADDRESS for which Tax Credit / Exemption / Deferral is claimed			

I am eligible for a property tax credit, exemption or tax deferral against the property for which a Permanent Application, Form PA-29, or Tax Deferral Application, Form PA-30, has been made, and do qualify as the owner of the property under RSA 72:29, VI, based upon the following: (check one)

- Grantor/Revocable Trust
- Equitable Title holder or
- Beneficial interest for life (Life estate owner)

The appropriate document must be supplied:

- (a) A Trust instrument as defined in RSA 564-B:1-103 (20);
- (b) A Certification of Trust prepared in accordance with RSA 564-B:10-1013; or
- (c) A deed or other legal document showing the assigned ownership.

Legal Name of Trust (if different than above):

All documents submitted shall be handled to protect the privacy of the applicant.

Explanation or additional details:

[Empty box for explanation or additional details]

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.

X Allen W Eaton  
SIGNATURE (IN INK)

Allen W Eaton 4/10/23  
PRINT NAME DATE

X Frances H Eaton  
SIGNATURE (IN INK)

FRANCES H EATON 4/10/23  
PRINT NAME DATE

TELEPHONE NUMBER

WHO MUST FILE	To be completed by property owners wishing to establish their status as grantor of a revocable trust, holding equitable title or the beneficial interest of a trust, or a life estate in a property. RSA 72:29, VI. For purposes of RSA 72:28, 29-a, 30, 31, 32, 33, 35, 36-a, 37, 37-a, 37-b, 38-a, 39-a, 62, 66, and 70, the ownership of real estate, as expressed by such words as "owner," "owned," or "own," shall include those who have placed their property in a grantor/revocable trust or who have equitable title or the beneficial interest for life in the subject property.
WHEN TO FILE	This completed form shall be submitted with the Permanent Application, Form PA-29 (RSA 72:33), for property tax credit or exemption, or the Tax Deferral Application, Form PA-30 (RSA 72:38-a), to the local municipal assessing officials of the City/Town in which such application is filed. The completed Form PA-33 becomes a permanent document and does not need to be re-filed unless the status of the trust or life estate is changed or altered.

Certificate of Trust

RECEIVED

APR 14 2023

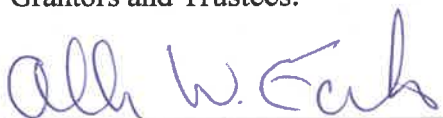
Town of Seabrook  
Treasurer's Office

The undersigned Grantors and Trustees hereby certify the following:

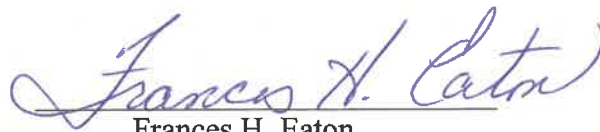
1. This Certificate of Trust refers to the Eaton Family Revocable Trust, dated July 6, 2021, and any amendments thereto, executed by Allen W. Eaton and Frances H. Eaton as Grantors.
2. The address of the Grantors is 37 Folly Mill Terrace, Seabrook, New Hampshire 03874.
3. The initial Trustees of the Trust are Allen W. Eaton and Frances H. Eaton.
4. The successor Trustee is Jace Eaton.
5. Our Trust is a Grantor trust under the provisions of Sections 673-677 of the Code. The tax identification number of the trust is the Social Security number of the Grantors.
6. Only one signature by either of the original Trustees is necessary for any act under the Trust Agreement.
7. Our Trustees under our Trust Agreement are authorized to acquire, sell, convey, encumber, lease, borrow, manage and otherwise deal with interests in real or personal property in our Trust name. All powers of our Trustees are fully set forth in the Trustee Powers Article of our Trust Agreement.
8. Our Trust has not been revoked and there have been no amendments limiting the powers of our Trustees over trust property.
9. No person or entity paying money to or delivering property to our Trustees shall be required to see to its application. All persons relying on this document regarding our Trustees and their powers over trust property shall be harmless for any resulting loss or liability from such reliance. A copy of this Certificate of Trust shall be just as valid as the original.

The undersigned certify that the statements in this Certificate of Trust are true and correct and that it was executed in Town of Hampton and the County of Rockingham, on July 6, 2021.

Grantors and Trustees:



Allen W. Eaton  
Grantor and Trustee



Frances H. Eaton  
Grantor and Trustee

STATE OF NEW HAMPSHIRE  
ROCKINGHAM COUNTY

On this 6<sup>th</sup> day of July, 2021, personally appeared, before me, Allen W. Eaton and Frances H. Eaton, as Grantors and Trustees, personally known to me and proven to be the same and whose names are subscribed to the foregoing instrument and acknowledged that they executed the same as their free act and deed. Before me,

  
\_\_\_\_\_  
Notary Public



STATE OF NEW HAMPSHIRE  
COUNTY OF ROCKINGHAM

The foregoing instrument was acknowledged before me this 6<sup>th</sup> day of July 2021, by Allen W. Eaton and Frances H. Eaton, who are personally known to me or have produced Driver's licenses as identification.



Notary Public Signature



Notary Public Printed Name

