

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

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

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

STEP 1 NAME AND ADDRESS	PROPERTY OWNER'S LAST NAME Maguire	FIRST NAME Daniel	INITIAL M	PROPERTY OWNERS' NAME	
	PROPERTY OWNER'S LAST NAME Maguire	FIRST NAME Mary	INITIAL J		
	MAILING ADDRESS 60 Blacksnake Road #5				
	CITY/TOWN Seabrook	STATE NH	ZIP CODE 03874		
	PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED 5 Adder Lane				
	CITY/TOWN TAX MAP # 3 BLOCK # 4 LOT # 115				
STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFER- RAL	VETERANS' TAX CREDIT			<u>Granted/Denied</u> <u>Date</u>	
	<input type="checkbox"/>	Veterans' Tax Credit \$50 minimum (to \$500)	Amount \$ _____	<input 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 _____			
	VETERANS' EXEMPTION			<u>Granted</u> <u>Denied</u> <u>Date</u>	
	<input type="checkbox"/>	Total Exemption	<input type="checkbox"/> (a) Veteran	<input type="checkbox"/> (b) Surviving Spouse/CU Partner	<input type="checkbox"/> <input type="checkbox"/> _____
	APPLICABLE ELDERLY AND DISABLED EXEMPTION (OPTIONAL) INCOME AND ASSET LIMITS				
	Income Limits	Disabled Exemption	Elderly Exemption	Elderly Exemption Per Age Category	
Single	\$ _____	\$ 44,000	65 - 74 years of age	\$ 192,000	
Married	\$ _____	\$ 67,000	75 - 79 years of age	\$ 204,000	
Asset Limits			80 + years of age	\$ 240,000	
Single	\$ _____	\$ 250,000			
Married	\$ _____	\$ 250,000			
OTHER EXEMPTIONS			<u>Granted</u> <u>Denied</u> <u>Date</u>		
<input checked="" type="checkbox"/>	Elderly Exemption	Amount \$ 204,000	<input checked="" 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			<u>Granted</u> <u>Denied</u>		
<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 COM- MENTS/ NOTES	Municipal Comments/Notes				
STEP 4 SIGNA- TURES	Selectmen/Assessor(s) Printed Name	Signature of Selectmen/Assessor(s) in ink	Date		
	Srinivasan Ravikumar, Chairman				
	Harold Eaton				
	Theresa Kyle				
APPEAL PROCE- DURE	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 OWNERS' NAME

PROPERTY OWNERS' NAME

TAX MAP/BLOCK/LOT

Eld.

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

APR 15 2024

STEP 1 OWNER AND APPLICANT INFORMATION

OWNER: Daniel + Mary Maguire

APPLICANT'S LAST NAME: MAGUIRE APPLICANT'S FIRST NAME: Daniel MI: m. PHONE NUMBER: []

APPLICANT'S LAST NAME: Maguire APPLICANT'S FIRST NAME: Mary MI: J. PHONE NUMBER: []

MAILING ADDRESS: 60 Blacksnake Rd #5

CITY/TOWN: Seabrook STATE: NH ZIP CODE: 03874

PROPERTY ADDRESS: 5 Adder Lane TAX MAP: 3 BLOCK: 4 LOT: 115

IS THIS YOUR PRIMARY RESIDENCE? YES NO

PROPERTY OWNER NAME

PROPERTY OWNER NAME

TAX MAP | BLOCK | LOT

STEP 2 VETERANS' TAX CREDITS AND EXEMPTION

1. APPLICANT IS THE: Veteran Spouse Surviving Spouse

2. APPLYING FOR: Veterans' Tax Credit (RSA 72:28) Standard (\$50) / Optional (\$51 up to \$750)
 All Veterans' Tax Credit (RSA 72:28-b) *If Adopted by Town* Standard (\$50) / Optional (\$51 up to \$750)
 Tax Credit for Service-Connected Total Disability (RSA 72:35) Standard (\$700) / Optional (\$701 up to \$4,000)
 Tax Credit for Surviving Spouse (RSA 72:29-a) "...of any person who was killed or died while on active duty..."
 Tax Credit for Combat Service (RSA 72:28-c) *If Adopted by Town* (\$50 up to \$500)
 Certain Disabled Veterans (Exemption) (RSA 72:36-a)

3. Veteran's Name: [] DATES OF MILITARY SERVICE: [] 4. Date of Entry: [] 5. Date of Discharge/Release (if applicable): []

IF A VETERAN OF ALLIED COUNTRY: (RSA 72:32)

6. Name of Allied Country Served in: [] 7. Branch of Service: []

9. Does any other eligible Veteran own interest in this property?
 YES NO If YES, provide name: []

8. Please Check One.
 US Citizen at time of entry into Service
 Alien but resident of NH at time of entry into Service

STEP 3 EXEMPTIONS

STANDARD EXEMPTIONS

10. Elderly Exemption (Must be 65 years of age on or before April 1 of year for which exemption is claimed) (RSA 72:39-a)
 (Enter numbers only MMDDYYYY) 10a. Applicant's Date of Birth: 10-30-44 10b. Spouse's Date of Birth: 11-10-1944

11. Improvements to Assist Persons with Disabilities (RSA 72:37-a)

12. Blind Exemption (RSA 72:37)

LOCAL OPTIONAL EXEMPTIONS (If adopted by city/town)

13. Deaf Exemption (RSA 72:38-b) Electric Energy Storage Systems Exemption (RSA 72:85)
 Disabled Exemption (RSA 72:37-b) Wind-Powered Energy Systems Exemption (RSA 72:68)
 Solar Energy Systems Exemption (RSA 72:62) Woodheating Energy Systems Exemption (RSA 72:70)
 Renewable Generation Facilities and Electric Energy Storage Systems Exemption (RSA 72:87)

14. NH Resident for One Year preceding April 1 in the year in which the tax credit is claimed (Veterans' Tax Credit)
 NH Resident for Five Consecutive Years (Deaf) or At least Five Years (Disabled) preceding April 1 in the year the exemption is claimed
 NH Resident for Three Consecutive Years preceding April 1 in the year the exemption is claimed (Elderly Exemption)

STEP 4 RESIDENCY

15. Do you own 100% interest in this residence? Yes No If NO, what percent (%) do you own? []

STEP 5 OWNERSHIP

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: Daniel M Maguire DATE: 4/12/24

SIGNATURE (IN INK) OF PROPERTY OWNER: Mary Maguire DATE: 4-12-24

2025 E80

E15

**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 12 2024

Town of Seabrook
Assessor's Office

1) Personal Information

Applicant's name(s): ~~Daniel M. Maguire~~ # mary maguire

Mailing address: 5 Adder Lane, Seabrook, NH 03874

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

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

Number of years owned residence: 11 I have been a legal resident of NH since: 11

Date of birth: 10/30/1944 Age: 79 Spouse's date of birth: 11/10/1944 Age: 79

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>28,918.80</u>	\$ <u>14,842.80</u>	
b. Pension & Retirement	\$ <u>0</u>	\$ <u>0</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>650.37</u>	\$ <u>0</u>	
	\$ <u>29,569.17</u>	\$ <u>14,842.80</u>	\$ <u>44,411.97</u>
	Total Income	Total Income	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? No (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 X Multi-family N/A

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

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>St. Jean's C.U</u>	Value \$ <u>3,196.60</u>
Checking Account:	Institution <u>St. Jean's C.U</u>	Value \$ <u>6,004.42</u>
IRA:	Institution _____	Value \$ _____
CD:	Institution <u>St. Jean's C.U</u>	Value \$ <u>30,110.16</u>
Type <u>Money Market</u>	Institution <u>St. Jean's C.U</u>	Value \$ <u>2,410.99</u>
Type _____	Institution _____	Value \$ _____

Estimated yard sale value of furniture, jewelry, furs, antiques, etc \$ 10,000

Vehicles:

Car make <u>Hyundai</u>	Model <u>Tucson</u>	Year <u>2021</u>	Mileage <u>44,390</u>	Value \$ <u>15,992</u>
Car make _____	Model _____	Year _____	Mileage _____	Value \$ _____
Boat make _____	Model _____	Year _____	Mileage _____	Value \$ _____
RV make _____	Model _____	Year _____	Mileage _____	Value \$ _____

Real Estate: Other than your occupied NH Residence *** N/A ***

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

Total of all assets \$ 67,714.17

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: Daniel M Maguire Spouse's Signature: Mary Maguire Date: April 11, 2024

Telephone number: (978) 270-5966

(Office use only) Reviewed by [Signature]