

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
**ASSESSING OFFICIALS' RESPONSE TO TAX CREDITS / EXEMPTIONS OR
TAX DEFERRAL APPLICATION****STEP 1 OWNER AND APPLICANT INFORMATION**

OWNER	ANNE L WATSON REVOC TRUST		If required, Is a PA-33 on file?		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
APPLICANT'S LAST NAME	WATSON	APPLICANT'S FIRST NAME	ANNE	MI	L	
APPLICANT'S LAST NAME		APPLICANT'S FIRST NAME		MI		
MAILING ADDRESS	70 CYNTHIA CIRCLE					
CITY/TOWN	SEABROOK	STATE	NH	ZIPCODE	03874	
PROPERTY ADDRESS for which Tax Credit / Exemption / Deferral is claimed	99 TRUE ROAD					
TAX MAP	15	BLOCK	102	LOT	70	

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

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			48000.00	65-74 years of age 230000.00
Married			71000.00	75-79 years of age 260000.00
Asset Limits				80+ years of age 310000.00
Single			250000.00	
Married			250000.00	

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

	AMOUNT	GRANTED	DENIED	DATE
<input checked="" type="checkbox"/> Elderly Exemption	260000.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Improvements to Assist Persons with Disabilities		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Blind Exemption		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Deaf Exemption		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Disabled Exemption		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Electric Energy Storage Systems Exemption		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Solar Energy Systems Exemption		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Woodheating Energy Systems Exemption		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Wind-powered Energy Systems Exemption		<input type="checkbox"/>	<input type="checkbox"/>	

ELDERLY / DISABLED TAX DEFERRAL

<input type="checkbox"/> Elderly & Disabled Tax Deferral	GRANTED <input type="checkbox"/>	DENIED <input type="checkbox"/>	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

RECEIVED

FORM
PA-29

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

Town of Seabrook
Assessor's Office
APR 15 2025

OWNER AND APPLICANT INFORMATION						
STEP 1 OWNER AND APPLICANT NAME AND ADDRESS	OWNER <u>Anne L. Watson Revoc. Trust</u>	If required, is a <u>Pass</u> on file? <input type="radio"/> YES <input type="radio"/> NO				
	APPLICANT'S LAST NAME <u>Watson</u>	APPLICANT'S FIRST NAME <u>Anne</u>	MI <u>L.</u>			
	APPLICANT'S LAST NAME <u>Watson</u>	APPLICANT'S FIRST NAME <u>Anne</u>	MI <u>L.</u>			
	MAILING ADDRESS <u>70 Cynthia Circle</u>					
	CITY/TOWN <u>Seabrook</u>	STATE <u>NH</u>	ZIP CODE <u>03874</u>			
	PROPERTY ADDRESS <u>70 Cynthia Circle</u>	TAX MAP <u>15</u>	BLOCK <u>102</u>			
	LOT <u>70</u>					
	IS THIS YOUR PRIMARY RESIDENCE? <input checked="" type="radio"/> YES <input type="radio"/> NO					
	VETERAN'S INFORMATION					
	STEP 2 VETERANS' TAX CREDITS AND EXEMPTION	1. APPLICANT IS THE: <input type="radio"/> Veteran <input type="radio"/> Spouse <input type="radio"/> Surviving Spouse			2. APPLYING FOR: <input type="checkbox"/> Veterans' Tax Credit (RSA 72:28) Standard (\$50) / Optional (\$51 up to \$750) <input type="checkbox"/> All Veterans' Tax Credit (RSA 72:28-b) <i>If Adopted by Town</i> Standard (\$50) / Optional (\$51 up to \$750) <input type="checkbox"/> Tax Credit for Service-Connected Total Disability (RSA 72:35) Standard (\$700) / Optional (\$701 up to \$4,000) <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"/> Tax Credit for Combat Service (RSA 72:28-c) <i>If Adopted by Town</i> (\$50 up to \$500) <input type="checkbox"/> Certain Disabled Veterans (Exemption) (RSA 72:36-a)	
3. Veteran's Name <u></u>		Dates of Military Service Enter (MMDDYYYY) <u></u>		4. Date of Entry <u></u>		
5. Date of Discharge/Release (if applicable) <u></u>		IF A VETERAN OF ALLIED COUNTRY: (RSA 72:32)				
6. Name of Allied Country Served in <u></u>		7. Branch of Service <u></u>				
9. Does any other eligible Veteran own interest in this property? YES NO If YES, provide name <input type="radio"/> <input type="radio"/> <u></u>				8. Please Check One. <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		
STANDARD EXEMPTIONS						
10. <input checked="" 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) (Enter numbers only MMDDYYYY) 10a. Applicant's Date of Birth <u>4-18-48</u> 10b. Spouse's Date of Birth <u></u>						
11. <input type="checkbox"/> Improvements to Assist Persons with Disabilities (RSA 72:37-a)						
12. <input type="checkbox"/> Blind Exemption (RSA 72:37)						
LOCAL OPTIONAL EXEMPTIONS (If adopted by city/town)						
STEP 3 EXEMPTIONS	13. <input type="checkbox"/> Deaf Exemption (RSA 72:38-b) <input type="checkbox"/> Electric Energy Storage Systems Exemption (RSA 72:85) <input type="checkbox"/> Disabled Exemption (RSA 72:37-b) <input type="checkbox"/> Wind-Powered Energy Systems Exemption (RSA 72:66) <input type="checkbox"/> Solar Energy Systems Exemption (RSA 72:62) <input type="checkbox"/> Woodheating Energy Systems Exemption (RSA 72:70) <input type="checkbox"/> Renewable Generation Facilities and Electric Energy Storage Systems Exemption (RSA 72:87)					
	14. <input type="checkbox"/> NH Resident for One Year preceding April 1 in the year in which the tax credit is claimed (Veterans' Tax Credit) <input checked="" 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 4 RESIDENCY					
	STEP 5 OWNERSHIP					
	15. Do you own 100% interest in this residence? <input checked="" type="radio"/> Yes <input type="radio"/> No If NO, what percent (%) do you own? <u></u>					
	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. <u>Anne Watson</u> SIGNATURE (IN INK) OF PROPERTY OWNER					<u>4-15-25</u> DATE
	SIGNATURE (IN INK) OF PROPERTY OWNER					DATE

PROPERTY OWNER NAME

PROPERTY OWNER NAME

TAX MAP | BLOCK | LOT

2028
E80

E75

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 15 2025

Town of Seabrook
Assessor's Office

1) Personal Information

Applicant's name(s): Anne L. Watson

Mailing address: 70 Cynthia Circle

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

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

Number of years owned residence: 4 I have been a legal resident of NH since: 1995

Date of birth: 4-18-1947 Age: 78 Spouse's date of birth: _____ Age: _____

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>29,156.40</u>	\$ _____	
b. Pension & Retirement	\$ _____	\$ _____	
c. Wages:	\$ _____	\$ _____	
d. Rental Income:	\$ _____	\$ _____	
e. Other Income:	\$ _____	\$ _____	
f. Interest Income	\$ _____	\$ _____	
	\$ <u>29,156.40</u>	\$ _____	<u>29,156.40</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 ☒ 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	<u>SCU #3700</u>	Value \$	<u>5.45</u>
Checking Account:	Institution	<u>" " #3709</u>	Value \$	<u>-450.19</u>
IRA <u>Sav</u>	Institution	<u>" " 3702</u>	Value \$	<u>40.02</u>
CD:	Institution	_____	Value \$	_____
Type <u>Savings</u>	Institution	<u>" " 3702</u>	Value \$	<u>0</u>
Type <u>Savings</u>	Institution	<u>" "</u>	Value \$	<u>40.02</u>

Estimated yard sale value of furniture, jewelry, furs, antiques, etc. \$12,000

Vehicles:

Car make	<u>Nissan</u>	Model	<u>Kicks</u>	Year	<u>2024</u>	Mileage	<u>3,000</u>	Value \$	<u>24,000</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

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

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

Total of all assets \$ 23,595.28

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: Anne Watson Spouse's Signature: Anne Watson Date: 11-15-25

Telephone number: 603-918-8356

(Office use only) Reviewed by CE

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)

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

TYPE OR PRINT

OWNER	<u>Anne L. Watson Revoc Trust</u>			
APPLICANT'S LAST NAME	<u>Watson</u>	APPLICANT'S FIRST NAME	<u>Anne</u>	MI <u>L.</u>
APPLICANT'S LAST NAME		APPLICANT'S FIRST NAME		MI
MAILING ADDRESS	<u>70 Cynthia Circle</u>			
CITY/TOWN	<u>Seabrook</u>	STATE	<u>NH</u>	ZIP CODE <u>03874</u>
PROPERTY ADDRESS for which Tax Credit / Exemption / Deferral is claimed		<u>70 Cynthia Circle</u>		

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): Anne L. Watson Revoc Trust

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

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 Anne Watson

SIGNATURE (IN INK)

Anne L. Watson

PRINT NAME

4-15-25

DATE

X Anne Watson

SIGNATURE (IN INK)

PRINT NAME

DATE

603-918-8356

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.