USE ONLY

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

FORM **A-5**

LAND USE CHANGE TAX

STEP 1 PROPERTY OWNER(S) AND RESPONSIBILE PARTY (if applicable)

PLEASE TYPE OR PRINT

LAST NAME: Lastnamethatis-Abitlongertofill the Entirespace	FIRST NAME: Longfirstnametocheckthisscenario Here.	INITIAL: X
LAST NAME	FIRST NAME	INITIAL
RESPONSIBLE PARTY, IF OTHER THAN PROPERTY OWNER (RSA 79-A:7, II(e))		
STREET ADDRESS: Strada Macelarilor, 2D, Bulevardul Aviatorilor 99, aleea Calea lui Traian, numarul 280		
ADDRESS (continued): Cartierul Manastur-Cluj, blocul 77D, apartamentul 22QA, scara 3C, etajul 2	STATE: -	ZIP CODE+4: 999222993SSS
TOWN/CITY: Alexandria		

STEP 2 PROPERTY LOCATION

PLEASE TYPE OR PRINT

STREET: Somestreetnametofillthis, somemoredetails About the Street, number 990A, mailing address 333PP			COUNTY: Cluj	BOOK # / PAGE #
TOWN/CITY: Cluj		CHECK ONE: PARTIAL RELEASE ☐ FULL RELEASE ☐		MAP # / LOT #
NUMBER OF ACRES	MAP #	LOT #		

STEP 3 LOCAL IDENTIFICATION OF LAND BEING DISQUALIFIED

	BOOK #	PAGE #
(a) Owners Name of Record When Land Was First Classified		
(b) Number of Acres Originally Classified		
(c) Number of Acres Previously Disqualified		
(d) Acres Disqualified per this Assessment		
(e) Number of Acres Remaining in Current Use [3(b) minus 3(c) and 3(d)]		

STEP 4 ASSESSMENT OF LAND USE CHANGE TAX

(a) Narrative description of the disqualification:	
(b) Actual Date of Change in Use (MM/DD/YYYY)	
(c) Full and True Value at Time of Change in Use	$
(d) Land Use Change Tax [Step 4(c) x 10%]	$

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LAND USE CHANGE TAX

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STEP 5 SIGNATURES OF A MAJORITY OF SELECTMEN/ASSESSORS

TYPE OR PRINT NAME (in black ink)	SIGNATURE (in black ink)	DATE
		19 JUNE 2019
TYPE OR PRINT NAME (in black ink)	SIGNATURE (in black ink)	DATE
TYPE OR PRINT NAME (in black ink)	SIGNATURE (in black ink)	DATE
TYPE OR PRINT NAME (in black ink)	SIGNATURE (in black ink)	DATE
TYPE OR PRINT NAME (in black ink)	SIGNATURE (in black ink)	DATE

STEP 6 LAND USE CHANGE TAX NOTICE (TO BE COMPLETED BY LOCAL ASSESSING OFFICIALS)

PLEASE TYPE OR PRINT

LAST NAME		FIRST NAME
ADDRESS		
ADDRESS (continued)		
TOWN/CITY	STATE	ZIP CODE+4
(a) Date of Release (MM/DD/YYYY)		
(b) Date of Bill (MM/DD/YYYY)		
(c) Full and True Value at Time of Change in Use		$
(d) Total Tax Due		$

STEP 7 CHECKS PAYABLE TO AND MAILED TO (TO BE COMPLETED BY TAX COLLECTOR)

(a) Make Check Payable to:

(b) Mail To:

NAME		
ADDRESS		
TOWN/CITY	STATE	ZIP CODE+4

(c) Tax Collector's Offi ce Location:

(d) Tax Collector's Offi ce Hours:

(e) Include a separate check in the amount of $_____ Payable to _____ for recording fee at County Register of Deeds.

(f) Payment of this tax is due no later than 30 days after mailing of this bill. Interest, at the rate of 18% per annum, shall be due if this tax is not paid on or before _____

STEP 8 ACKNOWLEDGMENT OF PAYMENT

SIGNATURE (in black ink) OF TAX COLLECTOR	DATE PAID