FOR REGISTER OF DEEDS USE ONLY

FORM
A-5

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

LAND USE CHANGE TAX

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

PLEASE TYPE OR PRINT

LAST NAME	FIRST NAME	INITIAL
John	Doe	D
Jane	Doe	D

RESPONSIBLE PARTY, IF OTHER THAN PROPERTY OWNER [RSA 79-A:7, II(e)]: Nu stiu

STREET ADDRESS: Mihai Eminescu nr 2, Cluj-Napoca, Cluj

ADDRESS (continued): Romania

TOWN/CITY	STATE	ZIP CODE+4
Cluj-Napoca	Cluj	123456

STEP 2 PROPERTY LOCATION

PLEASE TYPE OR PRINT

STREET: Strada de nicăieri

TOWN/CITY	COUNTY
Nimănui	Cucuieții din deal

NUMBER OF ACRES	CHECK ONE:	BOOK #	PAGE #
1000	PARTIAL RELEASE [X] FULL RELEASE [ ]	1	2

MAP #	LOT #	MAP #	LOT #	MAP #	LOT #
3	4	5	6	7	8

STEP 3 LOCAL IDENTIFICATION OF LAND BEING DISQUALIFIED

(a) Owners Name of Record When Land Was First Classified: Test Testulache	BOOK # 9	PAGE # 10
(b) Number of Acres Originally Classified	1200	
(c) Number of Acres Previously Disqualified	200	
(d) Acres Disqualified per this Assessment	0	
(e) Number of Acres Remaining in Current Use [3(b) minus 3(c) and 3(d)]	1000	

STEP 4 ASSESSMENT OF LAND USE CHANGE TAX

(a) Narrative description of the disqualification:	
Nu știu	
(b) Actual Date of Change in Use (MM/DD/YYYY)	01/10/2020
(c) Full and True Value at Time of Change in Use	$ 1,000,000
(d) Land Use Change Tax [Step 4(c) x 10%]	$ 0

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LAND USE CHANGE TAX

STEP 5 SIGNATURES OF A MAJORITY OF SELECTMEN/ASSESSORS

TYPE OR PRINT NAME (in black ink)	SIGNATURE (in black ink)	DATE
John Doe	JD	02/04/21
TYPE OR PRINT NAME (in black ink)	SIGNATURE (in black ink)	DATE
Jane Doe	JD	02/04/21
TYPE OR PRINT NAME (in black ink)	SIGNATURE (in black ink)	DATE
Test Testulachu	Justus T.	01/10/21
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
Bla Bla	02/04/21