FOR REGISTR

R OF DEEDS USE ONLY

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

LAND USE CHANGE TAX

FORM **A-5**

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

PLEASE TYPE OR PRINT

LAST NAME: John	FIRST NAME: Doe	INITIAL: D
LAST NAME: Jane	FIRST NAME: Doe	INITIAL: 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	STATE: Cluj	ZIP CODE+4: 123456
TOWN/CITY: Cluj-Napoca		

STEP 2 PROPERTY LOCATION

PLEASE TYPE OR PRINT

STREET: Strada de nicăieri		COUNTY: Cucuietii din deal	PAGE #: 2
TOWN/CITY: Nimănui	CHECK ONE: PARTIAL RELEASE [X] FULL RELEASE [ ]	BOOK #: 1	LOT #: 8
NUMBER OF ACRES: 1000	LOT #: 6	MAP #: 7	
MAP #: 3	LOT #: 4	MAP #: 5	BOOK #: 9 / PAGE #: 10

STEP 3 LOCAL IDENTIFICATION OF LAND BEING DISQUALIFIED

(a) Owners Name of Record When Land Was First Classified: Test Testulache	1200
(b) Number of Acres Originally Classified	200
(c) Number of Acres Previously Disqualified	0
(d) Acres Disqualified per this Assessment	1000
(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: 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

FORM **A-5**

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
Jane Doe	JD	02/04/21
Test Testulaeh	Justus T.	01/10/21

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)	STATE ZIP CODE+4
TOWN/CITY	
(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 STATE ZIP CODE+4

TOWN/CITY

(c) Tax Collector's Offi ce Location:

(d) Tax Collector's Offi ce Hours:

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

(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

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