TAXPAYER'S RSA 76:16 ABATEMENT APPLICATION TO MUNICIPALITY

TAX YEAR APPEALED 2023

INSTRUCTIONS

- 1. Complete the application by typing or printing legibly in ink. This application does not stay the collection of taxes; taxes should be paid as assessed. If an abatement is granted, a refund with interest will be made.
- 2. File this application with the municipality by the deadline (see below). Date of filing is the date this form is either hand delivered to the municipality, postmarked by the post office, or receipted by an overnight delivery service.

<u>DEADLINES</u>: The "notice of tax" means the date the board of tax and land appeals (BTLA) determines the last tax bill was sent by the municipality. (If your municipality bills twice annually, you must apply after the bill that establishes your final tax liability and not before.)

Step One: Taxpayer mu Step Two: Municipality Step Three: Taxpayer ma

Taxpayer must file the abatement application with the municipality by March 1 following the notice of tax. Municipality has until July 1 following the notice of tax to grant or deny the abatement application. Taxpayer may file an appeal either at the BTLA (RSA 76:16-a) or in the superior court (RSA 76:17), but

- 1) <u>no earlier than</u>: a) after receiving the municipality's decision on the abatement application; or b) July 1 following the notice of tax if the municipality has not responded to the abatement application; and
- 2) <u>no later than</u> September 1 following the notice of tax.

EXCEPTION: If your municipality's final tax bill was sent out after December 31 (as determined by the BTLA), the above deadlines are modified as follows (RSA 76:1-a; RSA 76:16-d, II):

Step One: 2 months after notice of tax;
Step Two: 6 months after notice of tax; and
Step Three: 8 months after notice of tax.

not both. An appeal must be filed:

FORM COMPLETION GUIDELINES:

- 1. **SECTION E**. Municipalities may abate taxes "for good cause shown." RSA 76:16. Good cause is generally established by showing an error in the assessment calculation or a disproportionate assessment. Good cause can also be established by showing poverty and inability to pay the tax.
- 2. **SECTION G**. If the abatement application is based on disproportionate assessment, the taxpayer has the burden to show how the assessment was disproportionate. To carry this burden the taxpayer must show: a) what the property was worth (market value) on the assessment date; and b) the property's "equalized assessment" exceeded the property's market value. To calculate the equalized assessment, simply divide the assessment by the municipality's equalization ratio (assessment ÷ ratio). Because a property's market value is a crucial issue, taxpayers must have an opinion of the market value estimate. This value estimate can be shown by obtaining an appraisal or presenting sales of comparable properties.
- 3. **SECTION H**. The applicant(s) must sign the application even if a representative (e.g. Tax Representative, Attorney, or other Advocate) completes Section I.
- 4. Make a copy of this document for your own records.

FOR MUNICIPALITY USE ONLY:
Town File No.:
Taxpayer Name:

RSA 76:16 ABATEMENT APPLICATION TO MUNICIPALITY

SECTION A.	Party(ies) Applying (Owner(s)/Taxp	ayer(s))	
Name(s):			
Mailing Addres	58:		
Telephone Num	nber(s): (Work)	(Home)	
accordance with to the United St an abatement w security number	tement is granted and taxes have been ph RSA 76:17-a. Any interest paid to the tates Internal Revenue Service, in accordith interest, the taxpayer shall provide the or federal tax identification number. Intification information as confidential and A.	e applicant must be report dance with federal law. I he municipality with the Municipalities shall treat	Prior to the payment of applicant's social the social security or
SECTION B.	Party's(ies') Representative if other	than Person(s) Applyin	g (Also Complete Section A
Name(s):			
Mailing Addres	58:		
Telephone Num	nber(s): (Work)	(Home)	
SECTION C.	Property(ies) for which Abatement i	s Sought	
	p and lot number, the actual street addred description of the parcel, and the assessing the control of the parcel		erty for which abatement is
Town Parcel ID	<u>Street Address/Town</u>	<u>Description</u>	Assessment

SECTION D. Other Property(ies)

List other property(ies) in the municipality owned in the same name(s), even if abatements for the other property(ies) have not been sought. The taxpayer's entire real property estate must be considered in determining whether the appealed property(ies) is (are) disproportionately assessed.

Town F	Parcel ID	# Street Address/Town	<u>Description</u>	Assessment	
					<u> </u>
SECTI	ON E.	Reasons for Abatement Applica	<u>ation</u>		
1) estab 2) estab	olishing olishing	vides that an abatement may be grann assessment is disproportionate to overty and inability to pay the tax at taxpayer has the burden to prove	to market value and the max. This form can be utilize	nunicipality's level of assessed for either basis of reques	sment; or
1)	If claiming disproportionality, state with specificity <u>all</u> the reasons supporting your application. Statements such as "taxes too high," "disproportionately assessed" or "assessment exceeds market value" are insufficient. Generally, specificity requires the taxpayer to present material on the following (<u>all may not apply</u>):				
2.	 3. 	physical data – incorrect description market data – the property's market comparable sales or a professional level of assessment – the property market value and the town-wide level of the property market value and the town-wide level of the property market value and the town-wide level of the property market value and the town-wide level of the property market value and the town-wide level of the property market value and the town-wide level of the property market value and the town-wide level of the property was also as a professional data – the property of the prope	ket value on the April 1 and opinion of value; and/oy's assessment is disproper	ssessment date, supported b	-
Note:	If you l	ave an appraisal or other documer	ntation, please submit it v	vith this application.	
2)	some o	ing poverty or inability to pay, sta ther relief such as relocating, refinance. City of Nashua, 118 N.H. 879 (ancing or obtaining some		
	(Attach	additional sheets if needed.)			

SECTION F. Taxpayer's(s') Opinion of Market Value

State your opinion of	f the market value of the	e property(ies) appealed as of April 1 of the year under appeal.				
Town Parcel ID#		Appeal Year Market Value \$				
Town Parcel ID#		Appeal Year Market Value \$				
Explain the basis for your value opinion(s). (Attach additional sheets if necessary.)						
SECTION G. Sale	s, Rental and/or Asses	sment Comparisons				
	operty, list the compara	now overassessment of your property(ies). If you are appealing an ble rental properties and their rents.				
Town Parcel ID#	Street Address	Sale Price/Date of Sale Rents Assessment				
SECTION H. Cert	tification by Party(ies)	Applying				
applying certifies (ce		ant(s) MUST sign the application. By signing below, the Party(ies) er the penalties of RSA ch. 641 the application has a good faith basis v/our knowledge.				
Date:		(Signature)				
		(Signature)				

SECTION I. Certification and Appearance by Representative (If Other Than Party(ies) Applying)

By signing below, the representative of the Party(ies) applying certifies and swears under penalties of RSA ch. 641:

1.	all certifications in Section H are true;				
2.	the Party(ies) applying has (have) authorized this representatio and	the Party(ies) applying has (have) authorized this representation and has (have) signed this application; and			
3.	a copy of this form was sent to the Party(ies) applying.	a copy of this form was sent to the Party(ies) applying.			
Date:	(Representative's Signature)				
SECT	CTION J. <u>Disposition of Application* (For Use by Selectmen/</u>	Assessor)			
	SA 76:16, II states: the municipality "shall review the application arting by July 1 after notice of tax date"	nd shall grant or den	y the application in		
Abaten	atement Request: GRANTED Revised Assessment	: \$	DENIED		
Remarl					
Date:	e:				
(Select	lectmen/Assessor Signature) (Selectmen/A	ssessor Signature)			
(Select	lectmen/Assessor Signature) (Selectmen/A	ssessor Signature)			

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