

# The State of New Hampshire

## List of Real Estate on which Exemption is Claimed

Pursuant to RSA 72:23-c

This form must be completed and filed annually on or before April 15. The **ORIGINAL** list must be filed with the selectmen (assessors) of the municipality in which such real estate property is taxable. A **DUPLICATE** copy should be retained by the applicant. Failure to file this list may result in denial of the exemption.

*This is to certify that the information contained in the following responses is true and correct to the best of my knowledge and belief and that I am duly authorized to sign on behalf of the applicant organization.*

Date: \_\_\_\_\_ Signed by: \_\_\_\_\_  
NAME & TITLE

1. Name of applicant organization: \_\_\_\_\_  
(OWNER OF PROPERTY OR PRINCIPAL OCCUPANT – CIRCLE ONE OR BOTH)

2. Mailing address and telephone number: \_\_\_\_\_  
\_\_\_\_\_

3. In what municipality is this exemption claimed? \_\_\_\_\_

4. Under which section is applicant requesting exemption: (An organization may not claim multiple exemptions under separate provisions of RSA 72:23)

RSA 72:23, III (religious) ☐ RSA 72:23, IV (educational) ☐ RSA 72:23, V (charitable) ☐

(Form A-12 must also be filed, if applicant is requesting exemption as a charitable organization.)

5. Is the applicant organization organized or incorporated in New Hampshire (Yes ☐ No ☐ )

Does it have a principal place of business in this state (Yes ☐ No ☐ ). If yes, where:

ADDRESS

TELEPHONE NUMBER

6. State general purpose for which applicant is organized or incorporated: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. If applicant is requesting exemption as a charitable organization under RSA 72:23, V:

(a) What service of public good or welfare is provided? \_\_\_\_\_

(b) Who are the beneficiaries of this service? \_\_\_\_\_

(c) Is there a charge for this service? \_\_\_\_\_ If yes, explain \_\_\_\_\_  
\_\_\_\_\_

(d) For what purpose is any income used? \_\_\_\_\_

8. If the applicant is a religious organization, is it a regularly recognized and constituted denomination, creed or sect? \_\_\_\_\_

If so, give its generally recognized name \_\_\_\_\_

9. State whether the applicant has been granted exemption from taxation by special act of the legislature since May 7, 1913. \_\_\_\_\_

If so, give date. \_\_\_\_\_

10. Did the municipality where the applicant claims exemption vote prior to April 1, 1958 to grant exemption on property not specifically exempted by Chapter 72 RSA as amended by Chapter 202 of the Laws of 1957? \_\_\_\_\_

If so, what is the total amount of the exemption voted? \_\_\_\_\_

11. List real estate and personal property on which exemption is claimed for this municipality and the purpose of which each item is used. Itemize each building or tract of land separately indicating the approximate area or percentage used for exempt purposes. (See example)

Tax Map & Lot No.	Property Description	Primary Use and its extent or duration	Other Use and its extent or duration

EXAMPLE:

Tax Map & Lot No.	Property Description	Primary Use and its extent or duration	Other Use and its extent or duration
25/6	5 acres of land	Continual support of Smith & Jones bldgs.	
25/6	Smith house	25% science teacher's apt 75% dormitory (18 students)	4-H for 6 wks.
25/6	Jones Bldg.	40% apt. rent to public 50% student assemble room 10% school nurse's office	Rented to town 4-5 times/yr.
35/2	Brown lot-28 acres	Camping and hiking by scouts; 150/yr. for 2 wk. period	Logging

# The State of New Hampshire

## CHARITABLE ORGANIZATION FINANCIAL STATEMENT

Pursuant to RSA 72:23, VI, every charitable organization or society must file a statement of its financial condition with the municipality in which the property is located. This statement is due annually, before June 1. In compliance with this statute, please complete and return this form with attachments, if necessary, to the municipality.

For Fiscal Year \_\_\_\_\_ to \_\_\_\_\_

1. In what municipality is this exemption claimed? \_\_\_\_\_
2. Name of Organization or Society \_\_\_\_\_
3. Name(s) and Address(es) of the Principal Officers:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Internal Revenue Service Identification Number: \_\_\_\_\_
5. Date of Registration or Incorporation with the N.H. Secretary of State:  
\_\_\_\_\_
6. Attach financial statement or best evidence available of the organization's source of income and expenditures in the preceding fiscal year.
7. If the organization or society files INTERNAL REVENUE SERVICE FORM 990, or other similar non-profit informational return, please enclose a copy.

(Treasurer, \_\_\_\_\_ Signature: \_\_\_\_\_ or Principal Officer)

Send Original form and accompanying information to local assessing officials.  
A duplicate copy should be retained by Property Owner.

