Tax Year	Property Owner	Parcel ID	Tax Bill Address	Bill No.	Tax Paid	Corrected Amt.	Refund Amt.
2020	Hoffman	1491-7	351 Hale Rd., Rensselaerville, NY	757	\$741.64	\$720.96	\$20.68
2019				899	\$724.53	\$704.37	\$20.16
2018				758	\$712.04	\$692.19	\$19.85
2020	2020 Martin	1491-22.1	949 Route 351, Rensselaerville, NY	1052	\$1,183.90	\$680.46	\$503.44
2019				684	\$1,157.85	\$652.96	\$504.89
2018				1051	\$987.09	\$554.34	\$432.75
2020	2020 Gifford	1601-41	192 Roney Rd., Preston Hollow, NY	620	\$1,542.32	\$1,137.07	\$405.25
2019					\$1,487.47	\$1,179.54	\$307.93
2018					\$1,465.91	\$1,131.90	\$334.01
2020	2020 Wood	1601-31	107 Pearson Rd., Preston Hollow, NY	1802	\$831.87	\$686.30	\$145.57
2019				824	\$810.73	\$668.78	\$141.95
2018				1799	\$796.69		\$139.77
2020	2020 Bohler	1351-4.2	243 Gulf Rd, Middleburgh, NY	147	\$995.52	\$857.57	\$137.95
2019				164	\$973.02	\$838.50	\$134.52
2018				142	\$955.79	\$823.32	\$132.47
2020	2020 Zimmerman	1721-14	394 Edwards Hill Rd., Oak Hill, NY	1827	\$2,376.82	\$2,085.87	\$290.95
2019				1236	\$2,321.51	\$2,041.04	\$280.47
2018				1829	\$2,293.31	\$2,012.42	\$280.89
2020	2020 Demille	137.9-1-26	5019 Delaware Tpke, Rensselaerville, NY	413	\$1,783.84	\$1,736.04	\$47.80
2019				203	\$1,772.98	\$1,726.40	\$46.58
2018				417	\$1,741.81	\$1,695.94	\$45.87
2020	2020 Kiley	1821-24	217 Fish Rd., Oak Hill, NY 12460	862	\$3,711.75	\$2,585.84	\$1,125.91
2019				1676	\$3,617.86	\$2,441.36	\$1,176.50
2018				862	\$3,556.73	\$2,350.49	\$1,206.24

Peter Hotaling./Sole Assessor Town of Rensselaerville 87 Barger Rd Medusa, NY 12120 assessors@rensselaerville.com

## Town of Rensselaerville Assessor's Office

May 15, 2020

Director Maggie Alix Albany County Real Property Tax Service 112 State Street Room 800 Albany, NY 12207

RE: Multiple Vet Disability Exemptions Refunds for years 2018, 2019,2020.

Dear Maggie,

The Comptroller's Office did an audit in 2019 and discovered that the BOA were discounting the Vet's Disability by 50% before entering them in RPS. This created a 25% exemption. I have corrected this error for 2020,

I feel these Veterans deserve a refund for the past 3 years on Town and County Taxes and 3 of the Vets also had the Exemption for Disability that live in the Greenville Central School District just for year 2019.

Please process these RP -556 refunds as a Clerical Error RPTL 550 (2) A(b), failure to grant a partial exemption. I have submitted the RP 556 forms and along with copies the previous year's Paid Tax Bills for the corresponding Taxing Units.

Yours truly

Peter Hotaling/Assessor



Application for Refund or Credit of Real Property Taxes

General information: To be completed in duplicate by the applicant

Part I - General Information	OII. IO D	C COII	ibierea iii aabi	icate by the	applical	116.		
Names of owners							******	
Raymond Hoffman								
Mailing address of owners (number and str	eet or PO bo	x)		Location of proper	ty (street ad	ldress)		
351 Hale Rd				same				
City, village, or post office	State		ZIP code	City, town, or villag	je		State	ZIP code
Rensselaerville	1	NY	12147					
Daytime contact number	Evening con	tact num	nber	Tax map number of	section/bloc	k/lot: Property ider	tification (see ta	x bill or assessment roll)
				1491-7				·
Account number (as appears on tax bill)	1,	Amount o	of taxes paid or payabl		Date of pa	vment		
757		41.64	,, paja.		1/30/20	,		
						······		
Reasons for requesting a refund or credit. Incorrect percentage was entered process this RP- 556 refund.	for Vet Di	sability	Exemption 4114	0. Incorrect am	ount 138	5.00 Correcte	d Amount 2	770.00 Please
I hereby request a refund or credit	of real pro	perty t	taxes levied by T/	(County, city,	e village, etc.		e year(s) <u>20</u>	20
Part 2 – To be completed by documentation and recomm Section 550 under which the	endation	ı. Špe			aragrap			
Last day for collection of taxes without inter	est O	100	19090 19090	Recommendation Approv	ve applic	<b></b>	Deny	application
Signature of official	20	21		,		Date 10	130	2020
* If this application is approved, an attachments, to the assessor and current roll (Form RP-553).	d the same I board of	e error assess	appears on a cu sment review. The	rrent assessme ey must treat th	nt roll, se is applica	end a copy of tion as a petit	this form, indicate the control of t	cluding all correction of that
Part 3 – For use by the tax		-		signated by	resolu	ition	number or da	ate, if applicable)
Application approved (Mark an X	in the app	olicable	e box):			_		
Clerical error 💢 Er	ror in esse	ential fa	act	Unlawful	Entry	]	A	
Amount of taxes paid 741.6	4	Amour	nt of taxes due	20.96	A	mount of refund o	or credit	10.08
Application denied (reason):							Annerson (1) (1) (1)	
Market Ma								
Signature of chief executive officer or official	ıl designated	by resolu	ution			Date		

#### TOWN OF RENSSELAERVILLE: TOWN & COUNTY 2020 TAXES

FISCAL YEAR: 01/01/2020 to 12/31/2020 WARRANT DATE: 12/31/2019 STATE AID - COUNTY: \$91,269,848.00 TOWN: \$0.00 PAGE BANK **BILL NUMBER** MAKE CHECK PAYABLE TO: 444 000757 1 OF 1

VICTORIA H. KRAKER TOWN CLERK\TAX COLLECTOR 87 BARGER ROAD MEDUSA, NY 12120

TO PAY IN PERSON:

Town Hall Monday - Wednesday 9:00 AM - 3:30 PM Thursday 9:00 AM - 6:30 PM Friday 9:00 AM - 1:00 PM

PROPERTY INFORMATION:

TAX MAP #: 013600 149.-1-7

DIMENSION: 7.10 acres

RS: 1 CLASS: Mfg housing

Value

ADDRESS: 351 Hale Rd SCHOOL: Greenville Central

97193.00 FULL MARKET VALUE: 57.00 UNIFORM % OF VALUE:

Full Value

ASSESSMENT:

55400

Hoffman Raymond L 351 Hale Rd Rensselaerville, NY 12147

PROPERTY OWNER:

Exemption VET WAR CT 2770 > VET DIS CT 4

8310.00 14579.000 2430.000 1385.00

Tax Purpose C/T C/T

#### RECEIPT

If you feel the assessment on your property is too high, you have the right to file a grievance to lower it for future tax bills. For information, please contact your assessor for the booklet "How to File a Complaint on Your Assessment" and to inquire about exemptions. Any reduction in assessment will NOT be reflected on this bill.

LEVY DESCRIPTION	TAX LEVY	% Change From Prior YR Levy	RATE	TAXABLI	E VALUE	AMOUNT D	UE
TOWN	392003	5.1000	2.87836700	44,320	45 <del>70</del> 5.00	127.57	131.56
HIGHWAY 1	479861	-14.5000	3.52348400	44,320	45,705.00	156.16	1 <del>6</del> 1.04
HIGHWAY 2,3,4	315622	45.1000	2.31752300	44,320	45705.00	103.7	105.92
COUNTY	832707	4.1000	6.21113700	44,320	45705.00	275.28	283.88
RENSSELAERVILLE FIRE	62202	1.1000	1.06928000		55400.00		59.24
		T	OTAL TAXES I	UE BY JANU	ARY 31, 2020:	\$	6741.64

#### PAYMENTS RECEIVED

Receipt#: 1142 **Full Payment** Date Paid:01/30/2020 Notice Fee: 0.00 Ret. Check Fee: 0.00 Surcharge: 0.00 Tax: Penalty: 741.64 0.00

Check #: 29269 Check: Cash: 0.00 741.64

Received from Credit Human FCU - Lereta - Via Mail: \$741.64

TOTAL TAXES PAID TO DATE: PAID \$741.64

Printed on: 05/11/2020 10:40:03 AM



Application for Refund or Credit of Real Property Taxes

**RP-556** 

(12/19

#### Part 1 – General information: To be completed in duplicate by the applicant.

Ni			·							
Names of owners										
Raymond Hoffman  Mailing address of owners (number and st.	reef or PO ho	v1		Ti	ogation of proper	ti. (atract c	addroon)			
351 Hale Rd	eet of PO bo.	<b>^</b> )		- 1	ocation of proper ame	ty (Sireer a	auuress)			
City, village, or post office	State		ZIP code		ity, town, or villac	10		State	715	code ·
Rensselaerville		VΥ	12147		ity, town, or vinag	, ·		Otate	211	code
Daytime contact number	Evening con			Ta	ax map number of	section/blo	ock/lot: Property	v identification (	see tax bill o	or assessment roll)
					491-7			,		
Account number (as appears on tax bill)	L A	mount	of taxes paid or p			Date of p	ayment	******		
444	7	24.53				1/31/19	•			
Reasons for requesting a refund or credit: Incorrect percentage was entered process this RP- 556 refund.	for Vet Dis	sability	Exemption 4	41140.	Incorrect am	ount 138	85.00 Corre	ected Amou	int 2770.	00 Please
I hereby request a refund or credit	of real pro	perty	taxes levied l	Date	Rensselaervill (County, city,			r the year(s	2019	
Part 2 – To be completed by documentation and recomm Section 550 under which the	endation	. Spe	Director or Vecify the type	Village pe of e	e Assessor error and p	r. Attaci aragra	h a writte iph of sub	n report i odivision 2	ncludin 2, 3, or	g 7 of
Date application received 5	(0   S	00	<u>a0</u> 1/1/19		ecommendation	ved	3/3	31/2	eny appli	ination $\square$
Signature of official	426	1) L			Approv	е аррік	Date	0130	$\left  Q_{i} \right $	
* If this application is approved, and attachments, to the assessor and current roll (Form RP-553).	the same board of a	e errop Issess	appears on a ment review.	a curre . They i	nt assessme must treat this	nt roll, se s applica	end a copy ation as a p	of this form etition for the	n, includir he correc	ng all ction of that
Part 3 – For use by the tax I				desi	gnated by	resolu	ution	sert number o	or date, if	applicable)
Application approved (Mark an X	in the app	licable	box):							
Clerical error Err	or in esser	ntial fa	ict		Unlawful E	Entry _			,	
Amount of taxes paid by 34.5	3	Amoun	t of taxes dis	70	)4.37	, A	Amount of refu	nd or credit	\$ 21	7.16
Application denied (reason):	gwith the transfer of the tran					<del></del>				
- Market										
		······································								
Signature of chief executive officer or official	decionated b	v roosl	tion				Date		****	
	ucalgriated D	y resolu	uOH				Date			
		,							· · · · · · · · · · · · · · · · · · ·	

#### TOWN OF RENSSELAERVILLE: TOWN & COUNTY 2019 TAXES

VICTORIA H. KRAKER TOWN CLERK\TAX COLLECTOR 87 BARGER ROAD MEDUSA, NY 12120 TO PAY IN PERSON:

Town Hall Monday - Wednesday 9:00 AM - 3:30 PM Thursday 9:00 AM - 6:30 PM Friday 9:00 AM - 1:00 PM PROPERTY INFORMATION:

TAX MAP #: 013600 149.-1-7

DIMENSION: 7.10 acres

RS: 1 CLASS: Mfg housing ADDRESS: 351 Hale Rd

SCHOOL: Greenville Central

FULL MARKET VALUE: UNIFORM % OF VALUE:

ASSESSMENT:

92333.00 60.00 55400

Hoffman Raymond L 351 Hale Rd

PROPERTY OWNER:

Rensselaerville, NY 12147

 Exemption
 Value
 Full Value
 Tax Purpose

 VET WAR CT
 8310.00
 13850.000
 C/T

 2 770
 VET DIS CT
 1385.00
 2308.000
 C/T

#### RECEIPT

If you feel the assessment on your property is too high, you have the right to file a grievance to lower it for future tax bills. For information, please contact your assessor for the booklet "How to File a Complaint on Your Assessment" and to inquire about exemptions. Any reduction in assessment will NOT be reflected on this bill.

LEVY DESCRIPTION	TAX LEVY	% Change From Prior YR Levy	RATE	TAXABLE		AMOUNT	DUE
COUNTY PURPOSES	799824	1.4000	6.02283600	44,320	4 <del>5705</del> .00	266.43	275:27
TOWN	373158	2.3000	2.76574200	44.320	45705.00	122,58	126:41
HIGHWAY 2, 3, 4	217517	2.3000	1.61217500	44,320	45705.00	71.45	73:68
HIGHWAY 1	561029	3.6000	4.15818800	44,320	45705.00	184.29	190:05
RENSSELAERVILLE FIRE	61500	4.8000	1.06722800		55400.00		59.12

TOTAL TAXES DUE BY JANUARY 31, 2019:

PAYMENTS RECEIVED

Cash: 0.00 Check: 724.53 Check #: 23746

Received from Credit Human FCU Mortgage - Via Mail: \$724.53

TOTAL TAXES PAID TO DATE: \$724.53 PAID IN FULL

Printed on: 05/11/2020 10:39:55 AM



Application for Refund or Credit of Real Property Taxes

**RP-556** 

(12/19)

Part 1 – General information: To be completed in duplicate by the applicant.

	• · · · · · · · ·		ipiotoa iii aap					
Names of owners								
Raymond Hoffman								
Mailing address of owners (number and str	eet or PO bo	ox)		Location of proper	ty (street ac	ddress)		
351 Hale Rd				same		.,		
City, village, or post office	State		ZIP code	City, town, or village	ge		State	ZIP code
Rensselaerville		NY	12147					
Daytime contact number	Evening cor	ntact num	ıber	Tax map number of	section/bloo	ck/lot: Property iden	tification (see	e tax bill or assessment roll)
				1491-7				
Account number (as appears on tax bill)		Amount c	of taxes paid or payab	le	Date of pa	yment		
19	7	712.04			1/31/18			
Reasons for requesting a refund or credit: Incorrect percentage was entered process this RP- 556 refund.	for Vet Di	isability	Exemption 4114	10. Incorrect am	ount 138	35.00 Correcte	d Amount	2770.00 Please
I hereby request a refund or credit	of real pro	operty t	Da	(County, city	le , village, etc		e year(s) <u>:</u>	2018
<b>Part 2</b> – To be completed by documentation and recomm Section 550 under which the	endatior	n. Špe						
Last day for collection of taxes without Inter	(0) 20	30	020	Recommendation Approv	ve applic	cation*	Den	y application     2020
* If this application is approved, an attachments, to the assessor and current roll (Form RP-553).	d the sam board of	e error assess	appears on a cu ment review. The	rrent assessme ey must treat th	ent roll, se is applica	end a copy of tation as a petit	his form, ion for the	including all e correction of that
Part 3 – For use by the tax I				signated by	resolu	ition	number or	date, if applicable)
<b>Application approved</b> (Mark an <b>X</b>	in the ap	plicable	e box):					
Clerical error Er	ror in esse	ential fa	ct	Unlawful	Entry _	]	A	
Amount of taxes paid 113	PC	Amoun	t of taxes due	92.19	)	Amount of refund o	r credit 🍎	19.85
Application denied (reason):								
							***************************************	
Signature of chief executive officer or official	l designated	by resolu	ution			Date		

#### TOWN OF RENSSELAERVILLE: TOWN & COUNTY 2018 TAXES

WARRANT DATE: 12/30/2017 STATE AID - COUNTY: \$73,498,642.00 TOWN: \$0.00 FISCAL YEAR: 01/01/2018 to 12/31/2018 BANK **BILL NUMBER** PAGE MAKE CHECK PAYABLE TO: 19 000758 1 OF 1

VICTORIA H. KRAKER TOWN CLERK\TAX COLLECTOR 87 BARGER ROAD MEDUSA, NY 12120

TO PAY IN PERSON:

Town Hall Monday - Wednesday 9:00 AM - 3:30 PM Thursday 9:00 AM - 6:30 PM Friday 9:00 AM - 1:00 PM

PROPERTY INFORMATION:

TAX MAP #: 013600 149.-1-7

DIMENSION: 7.10 acres

RS: 1 CLASS: Mfg housing

ADDRESS: 351 Hale Rd SCHOOL: Greenville Central

**FULL MARKET VALUE:** 89572.00 61.85 UNIFORM % OF VALUE:

55400

ASSESSMENT:

Hoffman Raymond L 351 Hale Rd

PROPERTY OWNER:

Rensselaerville, NY 12147

Tax Purpose Full Value Exemption Value VET WAR CT 8310.00 13436.000 C/T VET DIS CT 1385.00 2239.000 C/T

#### RECEIPT

If you feel the assessment on your property is too high, you have the right to file a grievance to lower it for future tax bills. For information, please contact your assessor for the booklet "How to File a Complaint on Your Assessment" and to inquire about exemptions. Any reduction in assessment will NOT be reflected on this bill.

LEVY DESCRIPTION	TAX LEVY	% Change From Prior YR Levy	RATE	TAXABLI	E VALUE	AMOUNT	DUE
COUNTY PURPOSES	788871	-5.7000	5.98233700	44,320	4 <del>5705</del> .00	265.14	273-42
TOWN+HIGHWAY 2,3,4	577626	-14.1000	4.31099100	44,320	4 <del>570</del> 5.00	191.06	1 <del>97:</del> 03
HIGHWAY 1	541611	37.7000	4.04219400	44,320	4 <del>57</del> 05.00	179.15	184.75
RENSSELAERVILLE FIRE	58700	0.1000	1.02599400	447520	55400.00		56.84
		T	OTAL TAYEST	TIE BY TANKE	ADV 31 2018.		\$712 DA

#### PAYMENTS RECEIVED

Receipt#: 1435 Date Paid:01/31/2018 **Full Payment** Surcharge: 0.00 Ret. Check Fee: 0.00 Notice Fee: 0.00 Tax: <u>712.04</u> Penalty: 0.00

Check #: 18546 Cash: 0.00 Check: <u>712.04</u>

Received from Leretta Credit Human FCU Mtg - Via Mail: \$712.04

TOTAL TAXES PAID TO DATE: \$712.04

Printed on: 05/11/2020 10:39:46 AM



## APPLICATION FOR ALTERNATIVE VETERANS EXEMPTION FROM REAL PROPERTY TAXATION

(General information and instructions for completing this form are contained in Form EA-458-a- INS)

RA umond L. Hoffman	
1. Name and phone no. of owner(s) 239-69/3	2. Mailing address of owner(s) RD HAR ROA
4-4	Rensselheien W. 1214)
3. Location of property  HALE RODO	
HALE ROAD Street address Rejusselaeieuill	Village (if any)
City/Town	County
Parcel identification no. (see tax bill or assessment roll)	School district
149-1-7.	
4. Is the owner a veteran who served in the active military, nava If <u>No</u> , indicate the relationship of the owner to veteran who ren If <u>Yes</u> , is the veteran also the unremarried surviving spouse o	dered such service:
5. Indicate branch of veteran's service and dates of active service:	ARMY
6. Was the veteran discharged or released from the active service	Attach written evidence)  under honorable conditions? YesNo  (Attach written evidence)
7. Did the veteran serve in a combat zone or combat theater? If Yes, where did the veteran serve and when was such service p	Yes No performed?
(Attach written ev	vidence)
3. Has the veteran received, or did the veteran receive prior to his/ Veterans' Administration or from the United States Department Yes No	her death, a compensation rating from the United States to Defense as a result of a service connected disability?
If Yes, what is (was) the veteran's compensation rating?	(Attach written evidence showing the date such rate was established)
Is this rating permanent? Yes No	
If No, did the veteran die in service of a service connected disa	
9. Is this property the primary residence of the veteran or unrem If No, is the veteran or unremarried surviving spouse of the veteran or unremarried surviving spouse or unremarried survivin	eteran the owner of the property and absent from the property
10. Is the property used exclusively for residential purposes?	Yes No
If No, describe the non-residential use of this property and sta	ate what portion is so used.



245 W HOUSTON ST NEW YORK NY 10014 RECEIVED FEB 1 2 2015

December 23, 2014

Veteran's Name: Hoffman, Raymond, Lee

RAYMOND L HOFFMAN 351 HALE RD RENSSELAERVILLE NY 12147

This letter is a summary of benefits you currently receive from the Department of Veterans Affairs (VA). We are providing this letter to disabled Veterans to use in applying for benefits such as housing entitlements, free or reduced state park annual memberships, state or local property or vehicle tax relief, civil service preference, or any other program or entitlement in which verification of VA benefits is required. Please safeguard this important document. This letter replaces VA Form 20-5455, and is considered an official record of your VA entitlement.

## -- America is Grateful to You for Your Service--

Our records contain the following information:

### **Personal Claim Information:**

Your VA claim number is: ? You are the Veteran

### **Military Information:**

Your character(s) of discharge and service date(s) include: Army, Unconfirmed, 22-May-1969 - 12-May-1971 (You may have additional periods of service not listed above)

### VA Benefits Information:

Service-connected disability: Yes

Your combined service-connected evaluation is: 10 PERCENT

The effective date of the last change to your current award was: 01-DEC-2014

Your current monthly award amount is: \$133.17

You should contact your state or local office of Veterans' affairs for information on any tax, license, or fee-related benefits for which you may be eligible. State offices of Veterans' affairs are available at http://www.va.gov/statedva.htm.

## Need Additional Information or Verification?

If you have any questions about this letter or need additional verification of VA benefits, please call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the federal relay number is 711. Send electronic inquiries through the Internet at https://iris.va.gov.

Sincerely yours,

J. CORRETJER VETERANS SERVICE CENTER MANAGER



**RP-556** 

/12/19\

# **Application for Refund or Credit of Real Property Taxes**

Part 1 - General information: To be completed in duplicate by the applicant.

Part I – General Informati	OII. 10	ne coi	npietea in aupi	licate by the	applican	ı.		
Names of owners	- Contraction							
Thomas & Rochelle Martin, Jr.								
Mailing address of owners (number and str	reet or PO L	oox)		Location of proper	rty (street ado	lress)		
949 Route 351								
City, village, or post office	State	<del></del>	ZIP code	City, town, or village	ge		State	ZIP code
Rensselaerville		NY	12147					
Daytime contact number	Evening co	ontact nui	mber	Tax map number of	f section/block/	/lot: Property ider	ntification (see te	x bill or assessment roll)
				1491-22.1				
Account number (as appears on tax bill)		Amount	of taxes paid or payabl	le	Date of payr	ment		***************************************
1052		1,183.	90		01-31-202	20		
Reasons for requesting a refund or credit: Incorrect percentage was entered Please process this RP-556 Refu		Disabilit	y Exemption 4114	0. Incorrect ar	mount 34,6	80.00 correc	ted amount	69,360.00.
Signature of applicant	of real p	roperty	taxes levied by To	(County, city,	aerville , village, etc.)	for th	e year(s) <u>20</u>	
Part 2 – To be completed by documentation and recommentation and recommentation 550 under which the	endatio	n. Špe						
Date application received 520	120	) <u>a(</u>		Date warrant anne	exed	3/31	2021	5
Last day for collection of taxes without inter	est	311	2020	Recommendation Approx	ve applica	tion* 🏚	Deny	application 🔲
Signature of official	M	26	RliD		[	Date (O	30	2020
If this application is approved, an attachments, to the assessor and current roll (Form RP-553).	d the sar board of	ne erro	r appears on a cur sment review. The	rent assessme y must treat th	ent roll, sen is applicati	id a copy of on as a petit	this form, Indicate in the conforthe conf	cluding all correction of that
Part 3 – For use by the tax I		_		signated by	resolut		number or da	ite, if applicable)
Application approved (Mark an X	in the ap	plicabl	e box):					
Clerical error X	ror in ess	ential f	act	Unlawful	Entry		do	
Amount of taxes pair 183.9	0	Amou	nt of taxes due 🕏 🕡	80.46	Am	ount of refund o	r credit 5	03 44
Application denied (reason):			MANAGE SELECTION					-
	······································	·····	<del></del>					
Signature of chief executive officer or official	I designated	d by resol	lution			Date		110000000000000000000000000000000000000

#### TOWN OF RENSSELAERVILLE: TOWN & COUNTY 2020 TAXES

STATE AID - COUNTY: \$91,269,848.00 TOWN: \$0.00 WARRANT DATE: 12/31/2019 FISCAL YEAR: 01/01/2020 to 12/31/2020 PAGE **BILL NUMBER** BANK MAKE CHECK PAYABLE TO: 001052 1 OF 1 1010

VICTORIA H. KRAKER TOWN CLERK\TAX COLLECTOR 87 BARGER ROAD MEDUSA, NY 12120

TO PAY IN PERSON:

Town Hall Monday - Wednesday 9:00 AM - 3:30 PM Thursday 9:00 AM - 6:30 PM Friday 9:00 AM - 1:00 PM

PROPERTY INFORMATION:

TAX MAP #: 013600 149.-1-22.1

DIMENSION: 25.49 acres

1 CLASS: 1 Family Res RS:

ADDRESS: 949 CR 351 SCHOOL: Greenville Central

FULL MARKET VALUE:

243368.00

UNIFORM % OF VALUE:

Tax Purpose

ASSESSMENT:

57.00 138720

C/T

C/T

Martin, Jr. Thomas P. Martin Rochelle L. 949 Route 351 Rensselaerville, NY 12147

Check:

PROPERTY OWNER:

Exemption Full Value Value VET COM CT 34680.00 60842.000 VET DIS CT 34680:00 60842.000 ko

68,400

#### RECEIPT

If you feel the assessment on your property is too high, you have the right to file a grievance to lower it for future tax bills. For information, please contact your assessor for the booklet "How to File a Complaint on Your Assessment" and to inquire about exemptions. Any reduction in assessment will NOT be reflected on this bill.

LEVY DESCRIPTION	TAX LEVY	% Change From Prior YR Levy	RATE	TAXABLE	VALUE	AMOUNT	DUE
TOWN	392003	5.1000	2.87836700	35,640	69360.00	102.59	1.99.64
HIGHWAY 1	479861	-14.5000	3.52348400	. [	6 <b>9360</b> .00	125.58	244.39
HIGHWAY 2,3,4	315622	45.1000	2.31752300	1	6 <b>936</b> 0.00	83 60	160.74
COUNTY	832707	4.1000	6.21113700	₩	69 <b>3</b> 60.00	221.36	430.80
RENSSELAERVILLE FIRE	62202	1.1000	1.06928000		138720.00		148.33
		т	OTAL TAYEST	HE RV TANHA	RV 31 2020-		\$1183 QO

#### PAYMENTS RECEIVED

Full Payment - Bank Payment Receipt#: 1229 Date Paid:01/31/2020 Tax: 1183.90 Penalty: 0.00

1183.90

Surcharge: 0.00 Notice Fee: 0.00

Check #: 960846587

Received from FIRST AMERICAN - M&T BANK - Via Mail: \$1183.90

Ret. Check Fee: 0.00

TOTAL TAXES PAID TO DATE: \$1183.90

Printed on: 05/11/2020 10:40:53 AM

Cash:

0.00



**RP-556** 

# Application for Refund or Credit of Real Property Taxes

Part 1 – General informati	<b>on:</b> To b	be completed in du	iplicate by the	applicant.		
Names of owners						1000
Thomas & Rochelle Martin, Jr.						
Mailing address of owners (number and st	reet or PO b	ox)	Location of prope	erty (street address)		
949 Route 351						
City, village, or post office	State	ZIP code	City, town, or villa	age	State	ZIP code
Rensselaerville		NY 12147				
Daytime contact number	Evening co	ntact number	1491-22.1	of section/block/lot: Property ide	ntification (see ta	x bill or assessment roll)
Account number (as appears on tax bill)		Amount of taxes paid or pay	/able	Date of payment		
684 Reasons for requesting a refund or credit:		1,157.85		01-31-2019		
Incorrect percentage was entered Please process this RP-556 Refu		isability Exemption 41	140. Incorrect a	mount 34,680.00 corre	cted amount	69,360.00.
Signature of appligant	of real pr		Town of Rensse (County, cit	elaerville for the y, village, etc.)	ne year(s) <u>20</u>	)19
Part 2 – To be completed by documentation and recomm Section 550 under which the	endatio	n. Specify the type	e of error and	paragraph of subdi		
Date application received 5	0 2	020	Date warrant ann	5 31	2019	9
1131120	19	·		ove application* 💢	Deny a	application
Signature of official	LA	the land		Date (	130/	2020
If this application is approved, are attachments, to the assessor and current roll (Form RP-553).	d the sam board of	ne error appears on a cassessment review. T	current assessm They must treat tl	ent roll, send a copy of his application as a pet	this form,/ind tion for the c	cluding all orrection of that
Part 3 – For use by the tax		•	designated b	y resolution	number or da	ite, if applicable)
Application approved (Mark an )	in the ap	plicable box):				
Clerical error Er	ror in ess	ential fact	Unlawful	Entry	d	
Amount of taxes part 1157	85	Amount of taxes due	65291	Amount of refund	or credit	0489
Application denied (reason):						
			nt-re-ry-			
Signature of chief executive officer or official	il designated	by resolution		Date		

#### TOWN OF RENSSELAERVILLE: TOWN & COUNTY 2019 TAXES

WARRANT DATE: 12/31/2018 STATE AID - COUNTY: \$90,121,595.00 TOWN: \$0.00 FISCAL YEAR: 01/01/2019 to 12/31/2019 BANK **BILL NUMBER** PAGE MAKE CHECK PAYABLE TO: 000684 1 OF 1 1010

VICTORIA H. KRAKER TOWN CLERK\TAX COLLECTOR

87 BARGER ROAD MEDUSA, NY 12120 TO PAY IN PERSON:

Town Hall Monday - Wednesday 9:00 AM - 3:30 PM Thursday 9:00 AM - 6:30 PM

Friday 9:00 AM - 1:00 PM

PROPERTY INFORMATION:

TAX MAP #: 013600 149.-1-22.1

DIMENSION: 25.49 acres

1 CLASS: 1 Family Res RS:

ADDRESS: 949 CR 351 SCHOOL: Greenville Central

231200.00 **FULL MARKET VALUE:** 60.00 UNIFORM % OF VALUE:

ASSESSMENT:

138720

Martin, Jr. Thomas P. Martin Rochelle L. 949 Route 351 Rensselaerville, NY 12147

PROPERTY OWNER:

Value Full Value Tax Purpose Exemption VET COM CT 34680.00 57800.000 C/T 57800.000 C/T VET DIS CT 34680.00 69360

#### RECEIPT

If you feel the assessment on your property is too high, you have the right to file a grievance to lower it for future tax bills. For information, please contact your assessor for the booklet "How to File a Complaint on Your Assessment" and to inquire about exemptions. Any reduction in assessment will NOT be reflected on this bill.

LEVY DESCRIPTION	TAX LEVY	% Change From Prior YR Levy	RATE	TAXABL	E VALUE	AMOUN'	r due
COUNTY PURPOSES	799824	1.4000	6.02283600	34,680	69 <del>36</del> 0.00	208.87	417.74
TOWN	373158	2.3000	2.76574200	34,680	69 <del>36</del> 0.00	95.92	191.83
HIGHWAY 2, 3, 4	217517	2.3000	1.61217500	34,680	69 <del>36</del> 0.00	55.91	111.82
HIGHWAY 1	561029	3.6000	4.15818800	34,680	69360.00	144.21	288.41
RENSSELAERVILLE FIRE	61500	4.8000	1.06722800		138720.00		148.05
		T	OTAL TAXES I	IIE BY JANI	ARY 31, 2019:		\$1157,85

#### PAYMENTS RECEIVED

4 652.96 Receipt#: 1140 Date Paid:01/31/2019 Full Payment - Bank Payment Ret. Check Fee: 0.00 Tax: Penalty: 0.00 Surcharge: 0.00 Notice Fee: 0.00 1157.85

0.00 Check: 1157.85 Check #: Cash:

Received from FIRST AMERICAN - M&T BANK - Via Mail: \$1157.85

TOTAL TAXES PAID TO DATE: \$1157.85

Printed on: 05/11/2020 10:40:46 AM



**RP-556** 

(12/19)

# **Application for Refund or Credit of Real Property Taxes**

Part 1 - General information: To be completed in duplicate by the applicant.

i dit i Ocholai illioilliati	<b>O</b> III. 10 50 (	ompiotod m	auphouto by the	approarres		
Names of owners			4.0000000000000000000000000000000000000			
Thomas & Rochelle Martin, Jr.						
Mailing address of owners (number and st	reet or PO box)		Location of prope	rty (street address)		
949 Route 351						
City, village, or post office	State	ZIP code	City, town, or villa	ge	State	ZIP code
Rensselaerville	NY	12147				
Daytime contact number	Evening contact	t number	Tax map number of	f section/block/lot: Property id	lentification (see	tax bill or assessment roll)
			1491-22.1			
Account number (as appears on tax bill)		ount of taxes paid or	payable	Date of payment		
1051	987	.09		01-31-2018		
Reasons for requesting a refund or credit: Incorrect percentage was entered Please process this RP-556 Refu		oility Exemption	41140. Incorrect a	mount 30,118.00 corr	ected amou	nt 60,400.00.
I hereby request a refund or credit	t of real prope	erty taxes levied	by Town of Rensse (County, city)  Date  5-/16(20	laerville for , village, etc.)	the year(s) <sub>-</sub>	2018 .
Part 2 – To be completed by documentation and recomm Section 550 under which the	endation. S	Specify the ty	vpe of error and	paragraph of subc	report inclinition 2,	sluding 3, or 7 of
Date application received	$\frac{1}{20}$	30 - 08	Date warrant ann	3/31	90	18
	113	112018	Appro	ve application* 🛴	Den	y application
Signature of official M	DEL	10	1	Date	0/30	12020
* If this application is approved, ar attachments, to the assessor and current roll (Form RP-553).	nd the same e d board of ass	rror appears on sessment reviev	n a current assessm w. They must treat th	ent roll, send a copy on his application as a pe	of this form, i	ncluding all correction of that
Part 3 – For use by the tax			al designated by	y resolution	ert number or	: date, if applicable)
Application approved (Mark an )	<b>K</b> in the applic	able box):				
Clerical error X	rror in essenti	al fact	Unlawful	Entry	1	,
Amount of taxes paid 987.	09 ^	mount of taxes due	55434	Amount of refun	d or credit $\Im \chi$	132.75
Application denied (recent):		WPWIANCE TO	44.00			
Application denied (reason):						
and the second s						CONTRACTOR OF THE CONTRACTOR O
Signature of chief executive officer or official	al designated by	resolution	100 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m	Date		C2000000000000000000000000000000000000

#### TOWN OF RENSSELAERVILLE: TOWN & COUNTY 2018 TAXES

VICTORIA H. KRAKER TOWN CLERK\TAX COLLECTOR 87 BARGER ROAD MEDUSA, NY 12120 TO PAY IN PERSON: Town Hall Monday - Wednesday 9:00 AM - 3:30 PM

Thursday 9:00 AM - 6:30 PM Friday 9:00 AM - 1:00 PM PROPERTY INFORMATION:

TAX MAP #: 013600 149.-1-22.1

DIMENSION: 5.01 acres

RS: 1 CLASS: 1 Family Res ADDRESS: 949 CR 351

ADDRESS: 949 CR 351 SCHOOL: Greenville Central

FULL MARKET VALUE: 194778.00

UNIFORM % OF VALUE: ASSESSMENT:

61.85 120470

C/T

C/T

Tax Purpose

Martin, Jr. Thomas P. Martin Rochelle L. 949 Route 351 Rensselaerville, NY 12147

PROPERTY OWNER:

 Exemption
 Value
 Full Value

 VET COM CT
 30118.00
 48695.000

 VET DIS CT
 30118.00
 48695.000

 48695.000
 48695.000

60,235

RECEIPT

If you feel the assessment on your property is too high, you have the right to file a grievance to lower it for future tax bills. For information, please contact your assessor for the booklet "How to File a Complaint on Your Assessment" and to inquire about exemptions. Any reduction in assessment will NOT be reflected on this bill.

LEVY DESCRIPTION	TAX LEVY	% Change From Prior YR Levy	RATE	TAXABL	E VALUE	AMOUN'	T DUE
COUNTY PURPOSES	788871	-5.7000	5.98233700	30,117	60 <del>23</del> 4.00	180.17	3 <del>60.3</del> 4
TOWN+HIGHWAY 2,3,4	577626	-14.1000	4.31099100	30,117	60 <del>23</del> 4.00	129.83	259.67
HIGHWAY 1	541611	37.7000	4.04219400	30,117	60 <del>23</del> 4.00	121.74	243.48
RENSSELAERVILLE FIRE	58700	0.1000	1.02599400		120470.00		123.60
		T	OTAL TAXES I	HE BY JANI	ARY 31, 2018:		\$987.09

PAYMENTS RECEIVED

Full Payment - Bank Payment

Surcharge: 0.00 Notice Fee: 0.00 Ret. Check Fee: 0.00

<u>0.00</u> Check: <u>987.09</u> Check #:

0.00

Date Paid:01/31/2018

Penalty:

Received from FIRST AMERICAN - M&T BANK - Via Mail: \$987.09

TOTAL TAXES PAID TO DATE: \$987.09 PAID IN FULL

Printed on: 05/11/2020 10:40:38 AM

Receipt#: 1181

Tax:

Cash:

987.09

AL All Hall 7
Department of Taxatlord and Fishance Office of Real Property Tax Services

Office of Real Property Tax Services

RP-458-a

### YORK STATE Application for Alternative Veterans **Exemption from Real Property Taxation**

See instructions, Form RP-458-a-I, for assistance in completing this form.

		Maria	
1. Name(s) of owner(s) Thomas a Rochelle	Martin Francisco	<u>, U</u>	
2. Mailing address of owner(s) (number and street or PO box)	3. Location of property (stroot strates)	ill US	
City, village, or post office State ZIP code	City, town, or village Stat	e ZIP code	
Kensselaerville NY 12147	- Rensselaerville N	Y 1214	7
ROS 895-8497 SAME	Date of purchase of real property		
E-mail address	Tax map number of section/block/lot: Property Identification	(see tax bill or assessmer	nt roll)
Vocalle, Martin Coutlook, com Name(s) of any non-owner spouse(s)	1491-22.1		
Managa of any non-owner spousers)			
Address(es) of primary residence(s) if different from above:			
N/A			
4. Is the owner a veteran who served in the active military, nava			。 🗌
If No, indicate the relationship of the owner to veteran who			
If Yes, is the veteran also the unremarried surviving spouse	e of a veteran?	Yes LINO	• 🔀
<ol> <li>Indicate branch of veteran's service and dates of active service If Yes, attach written evidence.</li> </ol>	e: USAF 7/3/1991 - 7/3	1/2013	
Was the veteran discharged or released from the active service.  Attach written evidence.	ce under honorable conditions?	Yes 📈 No	。 🗆
7. Did the veteran serve in a combat zone or combat theater?		Yes 🔀 No	。 □
If Yes, where did the veteran serve and when was such ser Attach written evidence.			
Has the veteran received, or did the veteran receive prior to hi     the United States Veteran's Administration or from the United     of a service connected disability?	States Department of Defense as a result	Yes 💢 No	, 🗀
If Yes, what is (was) the veteran's compensation rating?			<del></del>
Attach written evidence showing the date such rate was est Mark an X in the box if the rating is permanent:	tablished.		
If No, did the veteran die in service of a service connected of	disability or in the line of duty while		
serving during wartime; if Yes, attach written evidence	assaumty of it the line of duty while	Yes No	, 🗌
Is the property the primary residence of the veteran, unremarri Gold Star parent?	ed surviving spouse of the veteran, or	Yes 📈 No	, 🗀
If No, is the veteran, unremarried surviving spouse of the ve	eteran, or Gold Star parent the owner of		
the property and absent from the property due to medical re Explain:		Yes 📙 No	M



#### DEPARTMENT OF VETERANS AFFAIRS 810 Vermont Ave NW Washington, D.C. 20420

November 08, 2016

Thomas Paul Martin 949 County Route 351 Rensselaerville, NY 12147

In Reply Refer to:

27/eBenefits

Dear Mr. Martin:

This letter is a summary of benefits you currently receive from the Department of Veterans Affairs (VA). We are providing this letter to disabled Veterans to use in applying for benefits such as state or local property or vehicle tax relief, civil service preference, to obtain housing entitlements, free or reduced state park annual memberships, or any other program or entitlement in which verification of VA benefits is required. Please safeguard this important document. This letter is considered an official record of your VA entitlement.

Our records contain the following information:

#### Personal Claim Information

Your VA claim number is:

You are the Veteran.

#### Military Information

Your most recent, verified periods of service (up to three) include:

**Branch of Service** 

**Character of Service** 

**Entered Active Duty** 

Released/Discharged

Air Force

Honorable

July 03, 1991

May 23, 2001

Air Force Honorable

May 24, 2001

July 31, 2013

(There may be additional periods of service not listed above.)

#### **VA Benefit Information**

You have one or more service-connected disabilities:

Yes

Your combined service-connected evaluation is:

100%

Your current monthly award amount is:

2471258

The effective date of the last change to your current award was:

November 01, 2016

You are considered to be totally and permanently disabled due solely to your service-connected disabilities:

Yes

You should contact your state or local office of Veterans' affairs for information on any tax, license, or feerelated benefits for which you may be eligible. State offices of Veterans' affairs are available at



**Application for Refund or Credit of Real Property Taxes** 

**RP-556** 

(12/19)

Part 1 – General informati	ion: To be completed	l in duplicate by th	ne applicant.		
Names of owners					
Lynn & Gail Gifford					
Mailing address of owners (number and si	treet or PO box)	Location of pro	perty (street address)		
192 Roney Rd					
City, village, or post office	State ZIP code	City, town, or v	illage	State	ZIP code
Preston Hollow	NY 12469				
Daytime contact number	Evening contact number	Tax map number	er of section/block/lot: Propert	y identification (see	tax bill or assessment roll)
		1601-41			
Account number (as appears on tax bill)	Amount of taxes pa	iid or payable	Date of payment		104100
Reasons for requesting a refund or credit:	1,542.30		01-29-2020		
Incorrect percentage was entered Please process this RP-556 Refu		tion 41140. Incorrect	amount 22,245.00 cc	rrected amoun	it 44,490.00.
I hereby request a refund or credi	t of real property taxes lev		selaerville fo	or the year(s) $\frac{2}{}$	2020
Signature of applicant		Date 18/26			
Part 2 – To be completed by documentation and recomm Section 550 under which the	endation. Specify the	e type of error and	l paragraph of sul		
Date application received  Last day for collection of taxes without interest.	02020	Date warrant a	33	1/208	O
Signature of official	13120		rove application*	Deny	application
	sclf	)	(	0/30	19090
* If this application is approved are attachments, to the assessor and current roll (Form RP-553).	id the same errør appears L'board of assessment rev	s on a current assess view. They must treat	ment roll, send a copy this application as a	/ of this form, ir petition for the	icluding all correction of that
Part 3 – For use by the tax		cial designated		sert number or d	ate, if applicable)
$\mathcal{M}$					
Clerical error X Er	ror in essential fact	Unlawf	ul Entry 🔝	4	
Amount of taxes paid 1542	32 Amount of taxes of	1.137	Amount of refe	und or credit	05.25
Application denied (reason):			12 14 14 14 14 14 14 14 14 14 14 14 14 14		
	1000 CONTRACTOR (CONTRACTOR CONTRACTOR CONTR				1941-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
Signature of chief executive officer or official	l designated by resolution		Date		

#### TOWN OF RENSSELAERVILLE: TOWN & COUNTY 2020 TAXES

FISCAL YEAR: 01/01/2020 to 12/31/2020 WARRANT DATE: 12/31/2019 STATE AID - COUNTY: \$91,269,848.00 TOWN: \$0.00 BANK **BILL NUMBER** PAGE MAKE CHECK PAYABLE TO: 000620 1 OF 1

VICTORIA H. KRAKER TOWN CLERK\TAX COLLECTOR 87 BARGER ROAD MEDUSA, NY 12120

TO PAY IN PERSON:

Town Hall Monday - Wednesday 9:00 AM - 3:30 PM Thursday 9:00 AM - 6:30 PM Friday 9:00 AM - 1:00 PM

PROPERTY INFORMATION:

TAX MAP #: 013600 160.-1-41

DIMENSION: 9.70 acres

RS: 1 CLASS: 1 Family Res

ADDRESS: 192 Roney Rd SCHOOL: Middleburgh Central

FULL MARKET VALUE:

260175.00

UNIFORM % OF VALUE:

ASSESSMENT:

57.00 148300

Gifford Lynn Gifford Gail 192 Roney Rd

PROPERTY OWNER:

Preston Hollow, NY 12469

Exemption VET COM CT VET DIS CT

Value 34,200 36000.00 Full Value 63158.000 39026.000 Tax Purpose C/T C/T

#### RECEIPT

If you feel the assessment on your property is too high, you have the right to file a grievance to lower it for future tax bills. For information, please contact your assessor for the booklet "How to File a Complaint on Your Assessment" and to inquire about exemptions. Any reduction in assessment will NOT be reflected on this bill.

LEVY DESCRIPTION	TAX LEVY	% Change From Prior YR Levy	RATE	TAXABLE	VALUE	AMOUNT	DUE
TOWN	392003	5.1000	2.87836700	-100 ما ب	9 <del>005</del> 5.00	200.36	259.21
HIGHWAY 1	479861	-14.5000	3.52348400	1	90035.00	245,27	317.31
HIGHWAY 2,3,4	315622	45.1000	2.31752300		90035.00	161.32	208.70
COUNTY	832707	4.1000	6.21113700	₽	90055.00	432.36	559.34
PRESTON HOLLOW FIRE	63182	3.6000	1.33350800		148300.00		197.76
		т	OTAL TAYEST	HE RV TANHA	RV 31 2020-		\$1542 32

#### PAYMENTS RECEIVED

Receipt#: 1066 Date Paid:01/29/2020 **Full Payment** 

Tax: 1542.32 Penalty: 0.00 Surcharge: 0.00 Cash: 0.00 Check: 1542.32 Check #: 7146

Notice Fee: 0.00

Ret. Check Fee: 0.00

Received from Gifford Lynn / Gail - Via Mail: \$1542.32

TOTAL TAXES PAID TO DATE:

\$1542.32

Printed on: 05/11/2020 10:43:26 AM



Application for Refund or Credit of Real Property Taxes

**RP-556** 

Part 1 – General information: To be completed in duplicate by the applicant.

		******	. •	<u> </u>				
Names of owners								TO STATE OF THE ST
Lynn & Gail Gifford					~~	*****		
Mailing address of owners (number and str	reet or PO box	×)		Location of prope	rty (street a	nddress)		
192 Roney Rd								
City, village, or post office	State		ZIP code	City, town, or villa	ge		State	ZIP code
Preston Hollow		1Y	12469					
Daytime contact number	Evening cont	tact num	ber	Tax map number o	f section/blo	ck/lot: Property ide	ntification (see ta	ax bill or assessment roll)
				1601-41	_			
Account number (as appears on tax bill)	1		of taxes paid or pay	yable	Date of pa	•		
834	1	,487.4	7		01-30-2	019		
Reasons for requesting a refund or credit: Incorrect percentage was entered Please process this RP-556 Refur		sability	Exemption 41	140. Incorrect ar	mount 22	2,245.00 correc	cted amount	44,490.00.
I hereby request a refund or credit	of real pro	perty t	axes levied by	Town of Renssel (County, city)			e year(s) <u>2</u> (	019 .
Part 2 – To be completed by documentation and recomme Section 550 under which the Date application received 52 Cast day for collection of taxes without interesting the Signature of official	endation. error fal	. Spe	irector or Vicify the type	Date warrant anne	oaragra	ph of subdivided $\frac{3131}{4}$	vision 2, 3	ading, or 7 of
* If this application is approved and attachments, to the assessor and current roll (Form RP-553).	d the same board of a	e error	appears on a ment review. T	current assessme hey must treat th	ent roll, so is applica	end a copy of ation as a petit	this form, indicate the control of t	Cluding all orrection of that
Part 3 – For use by the tax I		•		designated by	resolu		number or da	ite, if applicable)
Application approved (Mark an X	in the appi	licable	box):			_		
Clerical error 💢 Err	or in esser	ntial fac	ct	Unlawful	Entry _		-4	
Amount of taxes paid	7.47	Amount	of taxes due	,179,54	<u> </u>	Amount of refund o	or credit 3	07.93
Application denied (reason):					***************************************		13112/72-161-4	
Signature of chief executive officer or official	designated b	y resolut	tion			Date		

#### TOWN OF RENSSELAERVILLE: TOWN & COUNTY 2019 TAXES

FISCAL YEAR: 01/01/2019 to 12/31/2019 WARRANT DATE: 12/31/2018 STATE AID - COUNTY: \$90,121,595.00 TOWN: \$0.00 BANK **BILL NUMBER PAGE** MAKE CHECK PAYABLE TO: 000834 1 OF 1

VICTORIA H. KRAKER TOWN CLERK\TAX COLLECTOR 87 BARGER ROAD MEDUSA, NY 12120

TO PAY IN PERSON:

Town Hall Monday - Wednesday 9:00 AM - 3:30 PM Thursday 9:00 AM - 6:30 PM Friday 9:00 AM - 1:00 PM

PROPERTY INFORMATION:

TAX MAP #: 013600 160.-1-41

DIMENSION: 9.70 acres

1 CLASS: 1 Family Res RS:

ADDRESS: 192 Roney Rd SCHOOL: Middleburgh Central

FULL MARKET VALUE:

247167.00

UNIFORM % OF VALUE:

60.00

ASSESSMENT:

148300

Gifford Lynn Gifford Gail 192 Roney Rd Preston Hollow, NY 12469

PROPERTY OWNER:

Full Value Tax Purpose Exemption Value 36,000 3<del>7075:0</del>0 VET COM CT 61792.000 C/T VET DIS CT 37075.000 C/T 22245.00

#### RECEIPT

If you feel the assessment on your property is too high, you have the right to file a grievance to lower it for future tax bills. For information, please contact your assessor for the booklet "How to File a Complaint on Your Assessment" and to inquire about exemptions. Any reduction in assessment will NOT be reflected on this bill.

LEVY DESCRIPTION	TAX LEVY	% Change From Prior YR Levy	RATE	TAXABLI	E VALUE	AMOUNT	DUE
COUNTY PURPOSES	799824	1.4000	6.02283600	67,830	88980.00	408,53	535:91
TOWN	373158	2.3000	2.76574200	. 1	88980.00	187.60	<del>246.1</del> 0
HIGHWAY 2, 3, 4	217517	2.3000	1.61217500	1	88980.00	109.35	143.45
HIGHWAY 1	561029	3.6000	4.15818800	, <b>V</b>	88980.00	383.02	3 <del>70:0</del> 0
PRESTON HOLLOW FIRE	61000	3.9000	1.29476000		148300.00		192.01
		T	OTAL TAXEST	DIE RV TANIL	ARV 31 2010		\$1487.47

PAYMENTS RECEIVED

Receipt#: 991 Date Paid:01/30/2019 **Full Payment** Tax: <u>1487.47</u>

Surcharge: 0.00 Notice Fee: 0.00 Penalty: 0.00 Check: 1487.47

Check #: 7088

Ret. Check Fee: 0.00

Received from Gifford Lynn & Gail - Via Mail: \$1487.47

PAI TOTAL TAXES PAID TO DATE: \$1487.47

Printed on: 05/11/2020 10:43:20 AM

Cash:

0.00



Signature of chief executive officer or official designated by resolution

Department of Taxation and Finance Office of Real Property Tax Services

**RP-556** 

(12/19)

## **Application for Refund or Credit of Real Property Taxes**

Part 1 - General information: To be completed in duplicate by the applicant. ynn & Gail Gifford Mailing address of owners (number and street or PO box) Location of property (street address) 192 Roney Rd ZIP code State ZIP code City, village, or post office State City, town, or village Preston Hollow NY 12469 Tax map number of section/block/lot: Property identification (see tax bill or assessment roll) Daytime contact number Evening contact number 160.-1-41 Account number (as appears on tax bill) Amount of taxes paid or payable Date of payment 629 01-31-2018 1.465.91 Reasons for requesting a refund or credit: Incorrect percentage was entered for Vet Disability Exemption 41140. Incorrect amount 22,035.00 corrected amount 44,070.00. Please process this RP-556 Refund I hereby request a refund or credit of real property taxes levied by Town of Rensselaerville \_ for the year(s) <u>2018</u> (County, city, village, etc.) Signature of applicant 5/19/20 Part 2 - To be completed by the County Director or Village Assessor. Attach a written report including documentation and recommendation. Specify the type of error and paragraph of subdivision 2, 3, or 7 of Section 550 under which the error falls. Date application received Date warrant annexed Last day for collection of taxes without interest Recommendation Approve application Deny application Signature of official Date \* If this application is approved, and the same error appears on a current assessment roll, send a copy of this form, including all attachments, to the assessor and board of assessment review. They must treat this application as a petition for the correction of that current roll (Form RP-553). Part 3 – For use by the tax levying body or official designated by resolution (insert number or date, if applicable) Application approved (Mark an X in the applicable box): Unlawful Entry Clerical error Error in essential fact Amount of taxes paid Amount of taxes Amount of refund or cre-Application denied (reason):

Date

#### TOWN OF RENSSELAERVILLE: TOWN & COUNTY 2018 TAXES

STATE AID - COUNTY: \$73,498,642.00 TOWN: \$0.00 FISCAL YEAR: 01/01/2018 to 12/31/2018 WARRANT DATE: 12/30/2017 **BILL NUMBER** PAGE BANK MAKE CHECK PAYABLE TO: 000629 1 OF 1

VICTORIA H. KRAKER TOWN CLERK\TAX COLLECTOR 87 BARGER ROAD MEDUSA, NY 12120

TO PAY IN PERSON:

Town Hall Monday - Wednesday 9:00 AM - 3:30 PM Thursday 9:00 AM - 6:30 PM Friday 9:00 AM - 1:00 PM

PROPERTY INFORMATION:

TAX MAP #: 013600 160.-1-41

DIMENSION: 9.70 acres

1 CLASS: 1 Family Res RS:

Value

ADDRESS: 192 Roney Rd SCHOOL: Middleburgh Central

FULL MARKET VALUE:

237510.00

UNIFORM % OF VALUE:

ASSESSMENT:

61.85 146900

Gifford Lynn Gifford Gail

192 Roney Rd Preston Hollow, NY 12469

PROPERTY OWNER:

Exemption VET COM CT VET DIS CT

725 35460.00 44.070 22035.00 Full Value 57332.000 35627.000

C/T C/T

Tax Purpose

#### RECEIPT

If you feel the assessment on your property is too high, you have the right to file a grievance to lower it for future tax bills. For information, please contact your assessor for the booklet "How to File a Complaint on Your Assessment" and to inquire about exemptions. Any reduction in assessment will NOT be reflected on this bill.

LEVY DESCRIPTION	TAX LEVY	% Change From Prior YR Levy	RATE	TAXABLI	E VALUE	AMOUNT	DUE
COUNTY PURPOSES	788871	-5.7000	5.98233700	lele,105	8 <del>9405.</del> 00	395.46	534 <del>.85</del>
TOWN+HIGHWAY 2,3,4	577626	-14.1000	4.31099100	66,105	8 <del>9405:0</del> 0	284.98	385.42
HIGHWAY 1	541611	37.7000	4.04219400	lele,105	89 <del>405</del> .00	267.21	3 <del>61.3</del> 9
PRESTON HOLLOW FIRE	58700	0.1000	1.25425600		146900.00		184.25
		T	OTAL TAVES I	TIF DV TANII	ADV 31 2019.		1465.01

#### PAYMENTS RECEIVED

Receipt#: 1113 Date Paid:01/31/2018 **Full Payment** 

Tax: 1465.91 Penalty: 0.00

Check: <u>1465.91</u>

Surcharge: 0.00

Notice Fee: 0.00

Ret. Check Fee: 0.00

0.00

Cash:

Check #: 7015

Received from Gifford Lynn / Gail - Via Mail: \$1465.91

TOTAL TAXES PAID TO DATE: PAID \$1465.91

Printed on: 05/11/2020 10:43:09 AM

NEW YORK STATE

Department of Taxation and Finance Office of Real Property Tax Services al 4117/17/20

RP-458-a

(1/16)

## Application for Alternative Veterans Exemption from Real Property Taxation

See instructions, Form RP-458-a-I, for assistance in completing this form. 1. Name(s) of owner(s) Lywn 2. Mailing address of owner(s) (number and street or PO box) 3. Location of property (street address) City, village, or post office State ZIP code ZIP code RESTON Tax map number of section/block/lot: Properly identification (see tax bill or assessment roll) Name(s) of any non-owner spouse(s) Address(es) of primary residence(s) if different from above: 4. Is the owner a veteran who served in the active military, naval, or air service of the United States? .................... Yes 💹 No If No, indicate the relationship of the owner to veteran who rendered such service: 5. Indicate branch of veteran's service and dates of active service: \_\_\_ If Yes, attach written evidence. Attach written evidence. If Yes, where did the veteran serve and when was such service performed?  $UTTN_{AN} = 1469 - 1970$ Attach written evidence. 8. Has the veteran received, or did the veteran receive prior to his/her death, a compensation rating from the United States Veteran's Administration or from the United States Department of Defense as a result ..... Yes 🔀 No 🗔 of a service connected disability? ..... If Yes, what is (was) the veteran's compensation rating? \_ Attach written evidence showing the date such rate was established. Mark an X in the box if the rating is permanent: XIf No, did the veteran die in service of a service connected disability or in the line of duty while 9. Is the property the primary residence of the veterary unremarried surviving spouse of the veteran, or If No, is the veteran, unremarried surviving spouse of the veteran, or Gold Star parent the owner of 



245 W HOUSTON ST NEW YORK NY 10014

> Veteran's Name: Gifford, Lynn, G

LYNN G GIFFORD PO BOX 52 6 PELSINN CT SEVERANCE NY 12872

This letter is a summary of benefits you currently receive from the Department of Veterans Affairs (VA). We are providing this letter to disabled Veterans to use in applying for benefits such as housing entitlements, free or reduced state park annual memberships, state or local property or vehicle tax relief, civil service preference, or any other program or entitlement in which verification of VA benefits is required. Please safeguard this important document. This letter replaces VA Form 20-5455, and is considered an official record of your VA entitlement.

#### -- America is Grateful to You for Your Service--

Our records contain the following information:

#### **Personal Claim Information:**

Your VA claim number is: 26 853 667

You are the Veteran

#### **Military Information:**

Your character(s) of discharge and service date(s) include:

Army, Honorable, 22-Mar-1968 - 19-Mar-1971

(You may have additional periods of service not listed above)

#### **VA Benefits Information:**

Service-connected disability: Yes

Your combined service-connected evaluation is: 60 PERCENT

The effective date of the last change to your current award was: 01-DEC-2014

Your current monthly award amount is: \$1,156.09

You should contact your state or local office of Veterans' affairs for information on any tax, license, or fee-related benefits for which you may be eligible. State offices of Veterans' affairs are available at http://www.va.gov/statedva.htm.

#### **Need Additional Information or Verification?**

If you have any questions about this letter or need additional verification of VA benefits, please call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the federal relay number is 711. Send electronic inquiries through the Internet at https://iris.va.gov.

Sincerely yours,

Regional Office Director



**RP-556** 

# Application for Refund or Credit of Real Property Taxes

Part 1 – General Informati	on: lo b	oe completed in dup	olicate by the	applica	ant.
Names of owners					
Stephen & Barbara Wood					
Mailing address of owners (number and st	reet or PO b	ox)	Location of proper	rty (street a	address)
107 Pearson Rd					
City, village, or post office	State	ZIP code	City, town, or village	ge	State ZIP code
Preston Hollow		NY 12469			
Daytime contact number	Evening co	ntact number	Tax map number of	section/blo	ock/lot: Property identification (see tax bill or assessment roll)
			1601-31		
Account number (as appears on tax bill)		Amount of taxes paid or paya	ble	Date of pa	ayment
1802		831.87		01-31-2	020
Reasons for requesting a refund or credit: Incorrect percentage was entered Please process this RP-556 Refu		isability Exemption 411	40. Incorrect ar	nount 9,7	750.00 corrected amount 19,500.00.
I hereby request a refund or credit	of real pr	T	County, city,	aerville , village, etc	for the year(s) 2020 .
Section 550 under which the	endation	n. Specify the type	of error and p	aragra	h a written report including ph of subdivision 2, 3, or 7 of
Date application received 5 2  Last day for collection of taxes without inter	est S	2020	Date warrant anne	3	1 2020
Signature of official	1	3113030 Lla	Approv	ve applic	cation* Deny application Date
f this application is approved, an attachments, to the assessor and current roll (Form RP-553).	d the sam I board of	ne error appears on a cu assessment review. Th	urrent assessme ley must treat th	ent roll, se is applica	end a copy of this form, including all ation as a petition for the correction of that
Part 3 – For use by the tax I		•	esignated by	resolu	(insert number or date, if applicable)
Application approved (Mark an X	•	·			_
Clerical error X	ror in esse	ential fact	Unlawful	Entry _	_/
Amount of taxes paid 831.	87	Amount of taxes due	086.3	0 /	Amount of refund or credit \$145.57
Application denied (reason):					
	t al 1 - 1 - 1	1.1.			ID.
Signature of chief executive officer or officia	ı designated	by resolution			Date

#### TOWN OF RENSSELAERVILLE: TOWN & COUNTY 2020 TAXES

TOWN: \$0.00 WARRANT DATE: 12/31/2019 STATE AID - COUNTY: \$91,269,848.00 FISCAL YEAR: 01/01/2020 to 12/31/2020 **PAGE** BANK **BILL NUMBER** MAKE CHECK PAYABLE TO: 1 OF 1 06 001802

VICTORIA H. KRAKER TOWN CLERK\TAX COLLECTOR 87 BARGER ROAD MEDUSA, NY 12120

TO PAY IN PERSON:

Town Hall Monday - Wednesday 9:00 AM - 3:30 PM Thursday 9:00 AM - 6:30 PM Friday 9:00 AM - 1:00 PM

PROPERTY INFORMATION:

TAX MAP #: 013600 160.-1-31

DIMENSION: 1.30 acres

1 CLASS: 1 Family Res ADDRESS: 107 Pearson Rd

SCHOOL: Middleburgh Central

FULL MARKET VALUE:

136842.00

UNIFORM % OF VALUE:

57.00

ASSESSMENT:

RS:

78000

Wood Stephen W Wood Barbara J 107 Pearson Rd Preston Hollow, NY 12469

PROPERTY OWNER:

Exemption VET COM CT VET DIS CT

19500

19500.00 9750.00

Value

34211.000 17105.000

Full Value

C/T C/T

Tax Purpose

#### RECEIPT

If you feel the assessment on your property is too high, you have the right to file a grievance to lower it for future tax bills. For information, please contact your assessor for the booklet "How to File a Complaint on Your Assessment" and to inquire about exemptions. Any reduction in assessment will NOT be reflected on this bill.

LEVY DESCRIPTION	TAX LEVY	% Change From Prior YR Levy	RATE	TAXABLE VALUE		AMOUNT	DUE
TOWN	392003	5.1000	2.87836700	39,000	4 <del>875</del> 0.00	112.26	140.32
HIGHWAY 1	479861	-14.5000	3.52348400	39,000	48 <del>75</del> 0.00	137.42	171.77
HIGHWAY 2,3,4	315622	45.1000	2.31752300	39,000	48750.00	90.38	112.98
COUNTY	832707	4.1000	6.21113700	39,000	48750.00	242.23	302.79
PRESTON HOLLOW FIRE	63182	3.6000	1.33350800		78000.00	272.2	104.01
		т	OTAL TAYES I	NITE BY TANK	ARV 31 2020.		\$834-87

#### PAYMENTS RECEIVED

Receipt#: 1352 Date Paid:01/31/2020

Penalty:

Check:

Full Payment - Multi-Payment

Notice Fee: 0.00 Surcharge: 0.00 Check #: 1027326

Ret. Check Fee: 0.00

Received from National Bank of Coxsackie - Via Mail: \$831.87

\$ 686,30

TOTAL TAXES PAID TO DATE:

831.87

0.00

Tax:

Cash:

\$831.87

0.00

831.87

FIJI,I

Printed on: 05/11/2020 10:42:43 AM



**RP-556** 

# Application for Refund or Credit of Real Property Taxes

Part 1 - General information: To be completed in duplicate by the applicant.

i dit i Gonorai illiorillati	<b>OIII.</b> 10 00	5 0011	ipiotoa iii aap	noute by the	appoa			
Names of owners						<del>Michael Co.</del>		
Stephen & Barbara Wood								
Mailing address of owners (number and str	reet or PO box	<b>(</b> )		Location of proper	rty (street ac	ddress)		
107 Pearson Rd						********		
City, village, or post office	State		ZIP code	City, town, or village	ge		State	ZIP code
Preston Hollow	N	1Y	12469			THE PARTY OF THE P		
Daytime contact number	Evening cont	tact num	nber	Tax map number of	f section/bloc	k/lot: Property	identification (s	ee tax bill or assessment roll)
				1601-31				
Account number (as appears on tax bill)	A	mount	of taxes paid or payab	ole	Date of pa	yment		
824	8	10.73			01-30-20	)19		
Reasons for requesting a refund or credit: Incorrect percentage was entered Please process this RP-556 Refu		sability	Exemption 4114	40. Incorrect ar	nount 9,7	50.00 corre	ected amou	nt 19,500.00.
I hereby request a refund or credit	of real pro	perty	taxes levied by T	(County, city	aerville , village, etc		the year(s	2019 .
Part 2 – To be completed by documentation and recomm Section 550 under which the	endation	. Spe	Director or Villa	age Assesso of error and p	oaragra	a writter	n report in division 2	ncluding 2, 3, or 7 of
Last day for collection of taxes withbut inter	$\frac{\mathcal{Q}}{\text{est}}$	<u> </u>	<u>0</u>	Recommendation	······································	<u> </u>	110	<u> </u>
Signature of official	$\frac{1}{2}$	<u> </u>	2019	Appro	ve applic	ation* Date	120	ny application $\Box$
* If this application is approved, an attachments, to the assessor and current roll (Form RP-553).	d the same I board of a	e error assess	appears on a cu sment review. The	irrent assessme ey must treat th	ent roll, se is applica	end a copy	of this form	i, including all ne correction of that
Part 3 – For use by the tax				esignated by	resolu	ition	ert number o	or date, if applicable)
Application approved (Mark an X	in the app	olicable	e box):			_		
Clerical error Er	ror in esse	ntial fa	act	Unlawful	Entry		4	
Amount of taxes paid	3	Amour	nt of taxes are	08.78	Α	Amount of refu	nd or credi	141.95
Application denied (reason):								
water and the second se	-		1000000					Leave .
Signature of chief executive officer or official	ıl designated l	oy resol	ution			Date		10.000

#### TOWN OF RENSSELAERVILLE: TOWN & COUNTY 2019 TAXES

FISCAL YEAR: 01/01/2019 to 12/31/2019 WARRANT DATE: 12/31/2018 STATE AID - COUNTY: \$90,121,595.00 TOWN: \$0.00

MAKE CHECK PAYABLE TO: BANK BILL NUMBER PAGE

06 000824 1 OF 1

VICTORIA H. KRAKER TOWN CLERK\TAX COLLECTOR 87 BARGER ROAD MEDUSA, NY 12120 TO PAY IN PERSON:

Town Hall Monday - Wednesday 9:00 AM - 3:30 PM Thursday 9:00 AM - 6:30 PM Friday 9:00 AM - 1:00 PM PROPERTY INFORMATION:

TAX MAP #: 013600 160.-1-31

DIMENSION: 1.30 acres
RS: 1 CLASS

RS: 1 CLASS: 1 Family Res ADDRESS: 107 Pearson Rd

SCHOOL: Middleburgh Central

FULL MARKET VALUE:

130000.00

UNIFORM % OF VALUE:

60.00 78000

Wood Stephen W ASSESSMENT:

Wood Barbara J 107 Pearson Rd

PROPERTY OWNER:

Preston Hollow, NY 12469

 Exemption
 Value
 Full Value
 Tax Purpose

 VET COM CT VET DIS CT
 19500.00
 32500.000
 C/T

 9750.00
 16250.000
 C/T

#### RECEIPT

If you feel the assessment on your property is too high, you have the right to file a grievance to lower it for future tax bills. For information, please contact your assessor for the booklet "How to File a Complaint on Your Assessment" and to inquire about exemptions. Any reduction in assessment will NOT be reflected on this bill.

TAX LEVY	% Change From Prior YR Levy	RATE	TAXABI	LE VALUE	AMOUNT	DUE
799824	1.4000	0.02203000	1,	48750.00	234.89	293.61
373158	2.3000	2.70377400		48750.00		134.83
217517	2.3000			48750.00	62.87	78.59
561029	3.6000	4.15818800	39,000	48750.00	162.17	202.71
61000	3.9000	1.29476000		78000.00		100.99
	799824 373158 217517 561029	799824 1.4000 373158 2.3000 217517 2.3000 561029 3.6000	TAX LEVY         Prior YR Levy         RATE           799824         1.4000         6.02283600           373158         2.3000         2.76574200           217517         2.3000         1.61217500           561029         3.6000         4.15818800	TAX LEV Y   Prior YR Levy   RATE   TAXABI	TAX LEV Y   Prior YR Levy   RATE   TAXABLE VALUE	TAX LEV Y

TOTAL TAXES DUE BY JANUARY 31, 2019:

\$810.73

#### PAYMENTS RECEIVED

Receipt#: 951 Date Paid:01/30/2019 Full Payment
Tax: 810.73 Penalty: 0.00 Surcharge: 0.00 Notice Fee: 0.00 Ret. Check Fee: 0.00

Tax: 810.73 Penalty: 0.00 Surcharge: 0.00 Notice Fee: 0.00 Ret. Check Fee: 0.00  $\mathcal{U}^{0}$  Cash: 0.00 Check: 810.73 Check #: 1025907

Received from National Bank of Coxsackie - Via Mail: \$810.73

TOTAL TAXES PAID TO DATE: \$810.73 PAID IN FULL

Printed on: 05/11/2020 10:42:35 AM



**RP-556** 

# Application for Refund or Credit of Real Property Taxes

Part 1 – General Informat	ion: 10 be	e com	ipietea in au	plicate by the	applica	nt.		
Names of owners								
Stephen & Barbara Wood								
Mailing address of owners (number and street or PO box)				Location of prope	erty (street a	ddress)		
107 Pearson Rd								
City, village, or post office	State		ZIP code	City, town, or villa	ige		State	ZIP code
Preston Hollow NY			12469					
Daytime contact number	Evening conta			Tax map number of	of section/bloo	ck/lot: Property ide	entification (see	tax bill or assessment ro
				1601-31				
Account number (as appears on tax bill)	<b>I</b>		of taxes paid or pay	able	Date of pa	•		
1799 Reasons for requesting a refund or credit:		96.69			01-31-20	018		
Incorrect percentage was entered Please process this RP-556 Refu		sability 	Exemption 41	140. Incorrect a	mount 9,7	'50.00 correc	ted amount	19,500.00.
Signature of applicant	t of real prop	perty t		Town of Rensse (County, city Date	laerville /, village, etc		ne year(s) <u>2</u>	2018 .
Part 2 – To be completed by documentation and recommediation and recommediation 550 under which the	nendation.	. Špe		of error and p	paragra			
Date application received Sharp Collection of taxes without inte	o/20	<u> </u>	00100	Date warrant annual Recommendation	3/3	- Jack	<u> </u>	harm
Signature of official	400 400 C		2018	Appro	ve applic	Date	$\frac{\text{Deny}}{30}$	application [_]
If this application is approved, ar attachments, to the assessor an current roll (Form RP-553).								
Part 3 – For use by the tax		-		esignated by	y resolu		t number or c	late, if applicable)
Application approved (Mark an 2	n in the appi	iicabie	DOX).			7		
Clerical error E	rror in esser	ntial fa	ct	Unlawful	Entry		Л	
Amount of taxes paid	69	Amoun	t of taxes due	56.92	F	Amount of refund	or credit	39.77
Application denied (reason):							100 (100 (100 (100 (100 (100 (100 (100	
Signature of chief executive officer or offici	al designated b	w recol	tion			Date	- 2510	***************************************
Signature of other executive officer of office	ai designated D	y result	IIIOH			Date		

#### TOWN OF RENSSELAERVILLE: TOWN & COUNTY 2018 TAXES

STATE AID - COUNTY: \$73,498,642.00 TOWN: \$0.00 FISCAL YEAR: 01/01/2018 to 12/31/2018 WARRANT DATE: 12/30/2017 BANK BILL NUMBER PAGE MAKE CHECK PAYABLE TO: 001799 1 OF 1 06

VICTORIA H. KRAKER TOWN CLERK\TAX COLLECTOR 87 BARGER ROAD MEDUSA, NY 12120

TO PAY IN PERSON:

Town Hall Monday - Wednesday 9:00 AM - 3:30 PM Thursday 9:00 AM - 6:30 PM Friday 9:00 AM - 1:00 PM

PROPERTY INFORMATION:

TAX MAP #: 013600 160.-1-31

DIMENSION: 1.30 acres

1 CLASS: 1 Family Res RS:

ADDRESS: 107 Pearson Rd SCHOOL: Middleburgh Central

126112.00 FULL MARKET VALUE: 61.85 UNIFORM % OF VALUE:

ASSESSMENT:

78000

Wood Stephen W Wood Barbara J 107 Pearson Rd Preston Hollow, NY 12469

PROPERTY OWNER:

Exemption Value Full Value Tax Purpose VET COM CT 19500.00 31528.000 C/T 15764.000 VET DIS CT 9750.00 C/T 19500

#### RECEIPT

If you feel the assessment on your property is too high, you have the right to file a grievance to lower it for future tax bills. For information, please contact your assessor for the booklet "How to File a Complaint on Your Assessment" and to inquire about exemptions. Any reduction in assessment will NOT be reflected on this bill.

LEVY DESCRIPTION	TAX LEVY	% Change From Prior YR Levy	RATE	TAXABLE VALUE		AMOUNT DUE	
COUNTY PURPOSES	788871	-5.7000	5.98233700	39,000	48750.00	233.31	2 <del>91.6</del> 4
TOWN+HIGHWAY 2,3,4	577626	-14.1000	4.31099100	39,000	48750.00	168.13	210.16
HIGHWAY 1	541611	37.7000	4.04219400	39,000	4 <del>87</del> 50.00	157.45	197.06
PRESTON HOLLOW FIRE	58700	0.1000	1.25425600		78000.00		97.83

TOTAL TAXES DUE BY JANUARY 31, 2018:

#### PAYMENTS RECEIVED

**Full Payment** Receipt#: 1337 Date Paid:01/31/2018 Ret. Check Fee: 0.00 Notice Fee: 0.00 Tax: Penalty: Surcharge: 0.00 796.69 0.00

Check #: 0.00 Check: 796.69 Cash:

Received from National Bank of Coxsackie - Via Mail: \$796.69

TOTAL TAXES PAID TO DATE: \$796.69

Printed on: 05/11/2020 10:42:28 AM

2014 Transfer. fino 173.-1-13.20 OK. Alle. 3/22/14 3/25/14-abstació-KW OK RT 3/22/19



RP-458-a (1/03 (rev. 8/06))

#### NYS BOARD OF REAL PROPERTY SERVICES

## APPLICATION FOR ALTERNATIVE VETERANS EXEMPTION FROM REAL PROPERTY TAXATION

(General information and instructions for completing this form are contained in Form RP-458-a-Ins)

		,
1.	Name and telephone no, of owner(s),  Tephen WWOSA	2. Mailing address of owner(s) 10) Peptoni Pd
	3/ gon A WWOOD	701 pepro 1
	100 0 2 0 11 11	Profton Hollies NY.
	ay No. 5/8 - 239 4/54	12469
Ev	rening No. ( ) Same	
	107 Peatson Act. Location of proper	village (if any)  Village (if any)
Str	Reasschaenille	Village (if any)
Ci		
	Property identification (see	tax bill or assessment roll)
T	ax map number or section/block/lot // 4/7 4	143 Bar43068 Page 220
4.	Is the owner a veteran who served in the active military If No, indicate the relationship of the owner to veteran If Yes, is the veteran also the unremarried surviving specific veteran veter	who rendered such service:
5.	Indicate branch of veterans service and dates of active	service: Army
6.	Was the veteran discharged or released from the active	service under honorable conditions? Yes No
7.	Did the veteran serve in a combat zone or combat theat If Yes, where did the veteran serve and when was such	service performed? VITMAM 1965—6
		(Attach written evidence)
8.	United States Veteran's Administration or from the service connected disability? Yes No If Yes, what is (was) the veteran's compensation rating	prior to his/her death, a compensation rating from the United States Department of Defense as a result of a
	check if rating is permanent?	tten evidence showing the date such rate was established)
	If No, did the veteran die in service of a service connect wartime? Yes No (Attach written evider	
9.	Is the property the primary residence of the veteran, uniparent? YesNo	remarried surviving spouse of the veteran or Gold Star
	If No, is the veteran, unremarried surviving spouse of the and absent from the property due to medical reasons or Explain:	
10.	Is the property used exclusively for residential purposes If No, describe the non-residential use of this property a	s? Yes No and state what portion is so used.

245 W HOUSTON ST NEW YORK NY 10014

January 21, 2013

Veteran's Name: Wood, Stephen, W

STEPHEN W WOOD PO BOX 553 PRESTON HOLLOW NY 12469

This letter is a summary of benefits you currently receive from the Department of Veterans Affairs (VA). We are providing this letter to disabled Veterans to use in applying for benefits such as housing entitlements, free or reduced state park annual memberships, state or local property or vehicle tax relief, civil service preference, or any other program or entitlement in which verification of VA benefits is required. Please safeguard this important document. This letter replaces VA Form 20-5455, and is considered an official record of your VA entitlement.

### -- America is Grateful to You for Your Service--

Our records contain the following information:

### **Personal Claim Information:**

Your VA claim number is: 255 72 8930

You are the Veteran

### **Military Information:**

Your character(s) of discharge and service date(s) include:

Army, Honorable, 15-Jan-1963 - 13-Jan-1966

(You may have additional periods of service not listed above)

### **VA Benefits Information:**

Service-connected disability: Yes

Your combined service-connected evaluation is: 50 PERCENT

The effective date of the last change to your current award was: 01-DEC-2012

Your current monthly award amount is: \$888.00

You should contact your state or local office of Veterans' affairs for information on any tax, license, or fee-related benefits for which you may be eligible. State offices of Veterans' affairs are available at http://www.va.gov/statedva.htm.

## **Need Additional Information or Verification?**

If you have any questions about this letter or need additional verification of VA benefits, please call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 1-800-829-4833. Send electronic inquiries through the Internet at https://iris.va.gov.

Sincerely yours,

L. K. CLAY VETERANS SERVICE CENTER MANAGER



Signature of chief executive officer or official designated by resolution

Department of Taxation and Finance Office of Real Property Tax Services

**RP-556** 

(12/19)

# Application for Refund or Credit of Real Property Taxes

Part 1 – General informat	i <b>on:</b> To be o	completed in d	uplicate by the	applicant.	- United to the control of the contr				
Names of owners									
Timothy Bohler  Mailing address of owners (number and s.	tract or BO hav		L ocation of prope	arty (etrapt address)					
243 Gulf Rd	reet or PO box)		Location of prope	Location of property (street address)					
City, village, or post office	State	ZIP code	City, town, or villa	age ·	State	ZIP code			
Middleburgh,	NY		ony, town, or this	-90					
Daytime contact number	Evening contact		Tax map number of 1351-4.2	of section/block/lot: Property i	dentification (see t	ax bill or assessment roll,			
Account number (as appears on tax bill)	Amo	ount of taxes paid or pa		Date of payment					
147	995		-,	01-28-2020					
Reasons for requesting a refund or credit: Incorrect percentage was entered Please process this RP-556 Refu		oility Exemption 4	1140. Incorrect a	mount 9,240.00 corre	cted amount	18,460.00.			
I hereby request a refund or credi	t of real prope	erty taxes levied b	y Town of Rensse (County, cit	elaerville for y, village, etc.)	the year(s) _2	020			
Signature of applicant			S/19 (2)						
documentation and recomm Section 550 under which the			e of error and		division 2, 3	3, or 7 of			
Last day for collection of taxes without inte	rest $3$	) <u>a ()</u>   2020	Recommendation Appro	ove application*	) aca Deny	application			
Signature of official	12	Rlyk	j j	Date	0/30	12020			
* If this application is approved, & attachments, to the assessor an current roll (Form RP-553).	nd the same e d board of ass	rror appears on a sessment review.	current assessm They must treat tl	ent roll, send a copy on the second and a polication as a poli	of this form, in	correction of that			
Part 3 – For use by the tax	levying bo	dy or official	designated b	y resolution	ert number or d	ate, if applicable)			
Application approved (Mark an 2	<b>(</b> in the applic	able box):							
Clerical error 💢 E	ror in essenti	al fact	Unlawful	Entry	,				
Amount of taxes page 995 . 2	a Ar	mount of taxes due	857.5	Amount of refur	nd or credit	37.95			
Application denied (reason):						44/866-11-11-11-11-11-11-11-11-11-11-11-11-1			
		***************************************							

#### TOWN OF RENSSELAERVILLE: TOWN & COUNTY 2020 TAXES

TOWN: \$0.00 FISCAL YEAR: 01/01/2020 to 12/31/2020 WARRANT DATE: 12/31/2019 STATE AID - COUNTY: \$91,269,848.00 BANK **BILL NUMBER** PAGE MAKE CHECK PAYABLE TO: 000147 1 OF 1 555

VICTORIA H. KRAKER TOWN CLERK\TAX COLLECTOR 87 BARGER ROAD MEDUSA, NY 12120

TO PAY IN PERSON:

Town Hall Monday - Wednesday 9:00 AM - 3:30 PM Thursday 9:00 AM - 6:30 PM Friday 9:00 AM - 1:00 PM

PROPERTY INFORMATION:

TAX MAP #: 013600 135.-1-4.2

DIMENSION: 8.00 acres

1 CLASS: Mfg housing RS:

ADDRESS: 243 Gulf Rd SCHOOL: Middleburgh Central

162105.00 FULL MARKET VALUE:

UNIFORM % OF VALUE:

57.00 92400

ASSESSMENT:

Bohler Timothy M 243 Gulf Rd

PROPERTY OWNER:

Middleburgh, NY 12122

Full Value Tax Purpose Exemption Value VET COM CT 23100.00 40526.000 C/T C/T VET DIS CT 9240.00 16211.000

#### RECEIPT

If you feel the assessment on your property is too high, you have the right to file a grievance to lower it for future tax bills. For information, please contact your assessor for the booklet "How to File a Complaint on Your Assessment" and to inquire about exemptions. Any reduction in assessment will NOT be reflected on this bill.

LEVY DESCRIPTION	LEVY DESCRIPTION TAX LEVY		RATE	TAXABLE VALUE		AMOUNT DUE	
TOWN HIGHWAY 1	392003 479861	5.1000 -14.5000	2.87836700 3.52348400	50,820 50,820	60060.00 60060.00	146.28	1 <i>72:</i> 87 2 <i>1</i> 1:62
HIGHWAY 2,3,4	315622	45.1000	2.31752300	50,820	60060.00	117.78	139-19
COUNTY	832707 62202	4.1000 1.1000	6.21113700 1.06928000	5	60060.00 92400.00	315.65	3 <del>73.</del> 04 98.80
RENSSELAERVILLE FIRE	62202		OTAL TAXES I	L			\$995.52

PAYMENTS RECEIVED

Receipt#: 997 Date Paid:01/28/2020 Full Payment - Multi-Payment

Tax: 995.52 Penalty: 0.00 Surcharge: 0.00 Cash: 0.00 Check: 995.52 Check #: 7036582273

Ret. Check Fee: 0.00 Notice Fee: 0.00

Received from Wells Fargo - Via Mail: \$995.52

TOTAL TAXES PAID TO DATE: \$995.52

Printed on: 05/11/2020 10:38:30 AM



**RP-556** 

(12/19)

## **Application for Refund or Credit of Real Property Taxes**

Part 1 – General information: To be completed in duplicate by the applicant.

			1 .	•	• •			
Names of owners	,							
Timothy Bohler				Ti				
Mailing address of owners (number and str	eet or PO bo	X)		Location of proper	ny (street addi	ress)		
243 Gulf Rd			A4170					
City, village, or post office	State		ZIP code	City, town, or village	ge		State	ZIP code
Middleburgh,		VY	12122				<u> </u>	120
Daytime contact number	Evening con	tact num	ber	· .	f section/block/	lot: Property iden	tification (see to	ax bill or assessment roll)
				1351-4.2	T			
Account number (as appears on tax bill)			of taxes paid or payab	le	Date of payn			ļ
164	9	73.02			01-31-201	9		***************************************
Reasons for requesting a refund or credit: Incorrect percentage was entered Please process this RP-556 Refu		sability	Exemption 4114	10. Incorrect ar	nount 9,24	0.00 correcte	ed amount	18,480.00.
I hereby request a refund or credit	of real pro	perty t	axes levied by <u>To</u> Da	(County, city	aerville , village, etc.)	for the	e year(s) <u>2</u>	019
Part 2 – To be completed by documentation and recomm Section 550 under which the	endation	ı. Spe						
Date application received  Last day for collection of taxes without inter	$\frac{20}{60}$	$O_{\epsilon}$	20 <u> </u>	Date warrant anne ( Recommendation	3/3/	1 20	19	
Signature of official	2014 X	Ĉu	0	Appro	ve applica	tion* X	Deny / 30	$\frac{\text{application } \square}{2020}$
* If this application is approved, an attachments, to the assessor and current roll (Form RP-553).	d the same board of	e error assess	appears on a cu ment review. The	rrent assessme ey must treat th	ent roll, sen is applicati	id a copy of t on as a petit	his form, in ion for the o	cluding all correction of that
Part 3 – For use by the tax I	evying l	body	or official de	signated by	/ resolut		number or da	ate, if applicable)
<b>Application approved</b> (Mark an <b>X</b>	in the app	olicable	box):					
Clerical error 📈 Er	ror in esse	ntial fa	et 🗌	Unlawful	Entry		ch	
Amount of taxes paid 973	02	Amoun	t of taxes due	738,50	O Am	nount of refund o	r credit 🎝 /	34.52
Application denied (reason):		•,					***************************************	
				- Martin Control				
Signature of chief executive officer or official	I designated	by resolu	ition	***************************************		Date		

#### TOWN OF RENSSELAERVILLE: TOWN & COUNTY 2019 TAXES

STATE AID - COUNTY: \$90,121,595.00 TOWN: \$0.00 WARRANT DATE: 12/31/2018 FISCAL YEAR: 01/01/2019 to 12/31/2019 **BILL NUMBER** PAGE BANK MAKE CHECK PAYABLE TO: 000164 1 OF 1 555

VICTORIA H. KRAKER TOWN CLERK\TAX COLLECTOR 87 BARGER ROAD MEDUSA, NY 12120

TO PAY IN PERSON:

Town Hall Monday - Wednesday 9:00 AM - 3:30 PM Thursday 9:00 AM - 6:30 PM Friday 9:00 AM - 1:00 PM

PROPERTY INFORMATION:

TAX MAP #: 013600 135.-1-4.2

DIMENSION: 8.00 acres

1 CLASS: Mfg housing ADDRESS: 243 Gulf Rd

SCHOOL: Middleburgh Central

**FULL MARKET VALUE:** 

154000.00

UNIFORM % OF VALUE: ASSESSMENT:

60.00 92400

Bohler Timothy M

PROPERTY OWNER:

243 Gulf Rd Middleburgh, NY 12122

Full Value Tax Purpose Exemption Value 23100.00 38500.000 VET COM CT C/T 15400.000 VET DIS CT 9240.00 C/T

#### RECEIPT

If you feel the assessment on your property is too high, you have the right to file a grievance to lower it for future tax bills. For information, please contact your assessor for the booklet "How to File a Complaint on Your Assessment" and to inquire about exemptions. Any reduction in assessment will NOT be reflected on this bill.

LEVY DESCRIPTION	TAX LEVY	% Change From Prior YR Levy	RATE	TAXABLE VALUE		AMOUN	T DUE
COUNTY PURPOSES	799824	1.4000	6.02283600	50,820	6 <del>006</del> 0.00	30le68	361.73
TOWN	373158	2.3000		50,820	6 <del>9060</del> .00	140.56	166.11
HIGHWAY 2, 3, 4	217517	2.3000	1.61217500	50,820	60 <del>060</del> .00	81.93	96.83
HIGHWAY 1	561029	3.6000	4.15818800	50,820	60060.00	211.32	249.74
RENSSELAERVILLE FIRE	61500	4.8000	1.06722800		92400.00		98.61
		T	OTAL TAXES I	DUE BY JANU	ARY 31, 2019:		\$973.02

#### PAYMENTS RECEIVED

Date Paid:01/31/2019 Full Payment - Bank Payment Receipt#: 1032 Tax: 973.02 Penalty: 0.00

973.02

Check:

Surcharge: 0.00 Notice Fee: 0.00

Check #:

Ret. Check Fee: 0.00

Received from BETHPAGE FEDERAL CREDIT UNION - WELLS FARGO REAL ESTATE TAX - Via Mail: \$973.02

TOTAL TAXES PAID TO DATE: \$973.02

Printed on: 05/11/2020 10:38:21 AM

Cash:

0.00



**RP-556** 

## Application for Refund or Credit of Real Property Taxes

Part 1 – General Informat	ion: 10 i	oe co	mpietea in a	iupiica	te by the	applical	IL.			
Names of owners	***************************************		10.10.000111							
Timothy Bohler										
Mailing address of owners (number and s	treet or PO b	ox)		Loc	ation of proper	ty (street add	dress)			
243 Gulf Rd										
City, village, or post office	State	)	ZIP code	City	, town, or villag	ge		State	ZIP code	
Middleburgh,		NY	12122							
Daytime contact number	Evening co	ntact nu	mber	Tax	map number of	section/block	dot: Property ide	entification (see	e tax bill or assessment	roll)
				135	51-4.2					
Account number (as appears on tax bill)		Amount	of taxes paid or pa	ayable		Date of pay	ment			
142		955.79	9			01-03-20	18			
Reasons for requesting a refund or credit Incorrect percentage was entere Please process this RP-556 Refu	d for Vet D	isabilit	y Exemption 4	1140.	Incorrect an	nount 9,24	40.00 correc	ted amoun	t 18,480.00.	
I hereby request a refund or cred	it of real p	roperty	taxes levied b	Date	(County, city,	aerville , village, etc.)		he year(s) <u>.</u>	2018	
Part 2 – To be completed be documentation and recommentation and recommendation 550 under which the Date application received 500 Last day for collection of taxes without interest to the complete of the collection of taxes without interest to the complete of the collection of taxes without interest to the collection of taxes.	nendation se error f	n. Šp		pe of e		paragrap				
Signature of official	113		2018		Approv	ve applica	ation* X	Den	y application \	4
* If this application is approved, attachments, to the assessor ar current roll (Form RP-553).	nd the sar	ne erro	or appears on a	a currer They m	it assessme	ent roll, se is applicat	nd a copy o tion as a pe	f this form,	including all correction of tha	ıt
Part 3 – For use by the tax  Application approved (Mark an		_		desig	nated by	resolu <sup>.</sup>	tion	rt number or	date, if applicable)	_:
Application approved (Mark an	∧ in the ap	phican	le box).			_	1			
Clerical error	Error in ess	ential	fact 📙 👍		Unlawful	Entry		·		_
Amount of taxes paid \$955	79	Amo	unt of taxes de	86	13,35	)  Ai	mount of refund	or credit	132.4	
Application denied (reason):								444044	Martina Martina (Martina Martina (Martina (Marti	-
							,		7000 FARE GET 15 AGE	i
Signature of chief executive officer or office	ial designate	d by reso	olution				Date		WASHA PARAMETER 1 (1971)	

#### TOWN OF RENSSELAERVILLE: TOWN & COUNTY 2018 TAXES

STATE AID - COUNTY: \$73,498,642.00 TOWN: \$0.00 WARRANT DATE: 12/30/2017 FISCAL YEAR: 01/01/2018 to 12/31/2018 BANK PAGE BILL NUMBER MAKE CHECK PAYABLE TO: 000142 1 OF 1 555

VICTORIA H. KRAKER TOWN CLERK\TAX COLLECTOR 87 BARGER ROAD MEDUSA, NY 12120

TO PAY IN PERSON:

Town Hall Monday - Wednesday 9:00 AM - 3:30 PM Thursday 9:00 AM - 6:30 PM Friday 9:00 AM - 1:00 PM

PROPERTY INFORMATION:

TAX MAP #: 013600 135.-1-4.2

DIMENSION: 8.00 acres

1 CLASS: Mfg housing

ADDRESS: 243 Gulf Rd SCHOOL: Middleburgh Central

FULL MARKET VALUE:

149394.00

UNIFORM % OF VALUE: ASSESSMENT:

61.85 92400

Bohler Timothy M 243 Gulf Rd

PROPERTY OWNER:

Middleburgh, NY 12122

Exemption Value Full Value Tax Purpose 23100.00 37348.000 C/T VET COM CT 9240.00 14939.000 C/T VET DIS CT 18480

#### RECEIPT

If you feel the assessment on your property is too high, you have the right to file a grievance to lower it for future tax bills. For information, please contact your assessor for the booklet "How to File a Complaint on Your Assessment" and to inquire about exemptions. Any reduction in assessment will NOT be reflected on this bill.

LEVY DESCRIPTION	TAX LEVY	% Change From Prior YR Levy	RATE	TAXABL	E VALUE	AMOUNT DUE	
COUNTY PURPOSES	788871	-5.7000	5.98233700	50,820	69060.00	304.02	3 <b>59</b> :30
TOWN+HIGHWAY 2,3,4	577626	-14.1000	4.31099100		60060.00	219.08	258.92
HIGHWAY 1	541611	37.7000	4.04219400	50,820	60060.00	205.42	242.77
RENSSELAERVILLE FIRE	58700	0.1000	1.02599400		92400.00		94.80
		Т	OTAL TAXES I	DUE BY JANU	ARY 31, 2018:		\$955.79

#### PAYMENTS RECEIVED

Receipt#: 993 Date Paid:01/30/2018 **Full Payment** 

Tax: 955.79 Penalty: 0.00 Surcharge: 0.00

Notice Fee: 0.00

Ret. Check Fee: 0.00

Check #: 7033836781 0.00 Check: 955.79 Cash:

Received from Wells Fargo - Via Mail: \$955.79

TOTAL TAXES PAID TO DATE: \$955.79

Printed on: 05/11/2020 10:38:10 AM



ok vets 15 16 1696

RP-458-a (1/03 (rev. 8/06))

#### DECEÍVE

FEB 2 8 2011

#### NYS BOARD OF REAL PROPERTY SERVICES

#### APPLICATION FOR ALTERNATIVE VETERANS EXEMPTION

FROM REAL PROPERTY TAXATION

BY:

(General information and instructions for completing this form are contained in Form RP-458-a-Ins) 1. Name and telephone no. of owner(s) 2. Mailing address of owner(s) Day No. (38) 765-4510 Evening No. (518) 827-8056 3. Location of property (see instructions) Village (if any) City/Town Property identification (see tax bill or assessment roll) Tax map number or section/block/lot 4. Is the owner a veteran who served in the active military, naval or air service of the United States? Vyes No If No, indicate the relationship of the owner to veteran who rendered such service: If Yes, is the veteran also the unremarried surviving spouse of a veteran? Yes V No 5. Indicate branch of veterans service and dates of active service: 6. Was the veteran discharged or released from the active service under honorable conditions? (Attach written evidence) 7. Did the veteran serve in a combat zone or combat theater? If Yes, where did the veteran serve and when was such service performed? 8. Has the veteran received, or did the veteran receive prior to his/her death, a compensation rating from the United States Veteran's Administration or from the United States Department of Defense as a result of a Yes service connected disability? If Yes, what is (was) the veteran's compensation rating? (Attach written evidence showing the date such rate was established) A check if rating is permanent? If No, did the veteran die in service of a service connected disability or in the line of duty while serving during wartime? Yes Y No (Attach written evidence) 9. Is the property the primary residence of the veteran, unremarried surviving spouse of the veteran or Gold Star If No, is the veteran, unremarried surviving spouse of the veteran or Gold Star parent the owner of the property and absent from the property due to medical reasons or institutionalization? Yes No Explain: 10. Is the property used exclusively for residential purposes?

If No, describe the non-residential use of this property and state what portion is so used.

245 W HOUSTON ST NEW YORK NY 10014

January 13, 2011

Veteran's Name: Bohler, Timothy, M

TIMOTHY M BOHLER 243 GULF RD MIDDLEBURGH NY 12122

This letter is a summary of benefits you currently receive from the Department of Veterans Affairs (VA). We are providing this letter to disabled Veterans to use in applying for benefits such as housing entitlements, free or reduced state park annual memberships, state or local property or vehicle tax relief, civil service preference, or any other program or entitlement in which verification of VA benefits is required. Please safeguard this important document. This letter replaces VA Form 20-5455, and is considered an official record of your VA entitlement.

#### -- America is Grateful to You for Your Service--

Our records contain the following information:

#### Personal Claim Information:

Your VA claim number is: 25 701 706

You are the Veteran

#### **Military Information:**

Your character(s) of discharge and service date(s) include: Army, Unconfirmed, 25-Jul-1967 - 07-Mar-1970

(You may have additional periods of service not listed above)

#### VA Benefits Information:

Service-connected disability: Yes

Your combined service-connected evaluation is: 40 PERCENT

Your current monthly award amount is: \$637.00

Are you being paid at the 100 percent rate because you are unemployable due to your service-

connected disabilities: Not Indicated

Have you received a Specially Adapted Housing (SAH) and/or Special Home Adaptation (SHA)

grant: No

You should contact your state or local office of Veterans' affairs for information on any tax, license, or fee-related benefits for which you may be eligible. State offices of Veterans' affairs are available at http://www.va.gov/statedva.htm.



**Application for Refund or Credit of Real Property Taxes** 

#### Part 1 - General information: To be completed in duplicate by the applicant,

	···· · · ·		ipiotoa iii aap	meate by and	appoa			
Names of owners								, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Paul & Marietta Zimmerman					<del></del>			
Mailing address of owners (number and str	eet or PO b	ox)		Location of prope	erty (street ac	idress)		
394 Edwards Hill Rd								
City, village, or post office	State		ZIP code	City, town, or villa	ige		State	ZIP code
Oak Hill	Coming as	NY	12460	T	£ = = = 1; = = /t=! = =	Jefferte Deservation	-4:64: (	Ann bill an an an an an an an an an
Daytime contact number	Evening co	ntact nun	nber		of section/bloc	клот: Ргорепу ібеі	itilication (see	tax bill or assessment roll)
Account number (or appears on tay hill)		Amaint	of taxes paid or payal	1721-14	Date of pa	· · · · · · · · · · · · · · · · · · ·	***************************************	willian was a second of the se
Account number (as appears on tax bill)	1			ле	1	-		
Reasons for requesting a refund or credit:		2,376.8	12		01-15-20	120	***************************************	
Incorrect percentage was entered process this RP-556 Refund	for Vet D	isability	Exemption 411	71. Incorrect ar	mount 3,8	13.00 correct	ed amount	7,626.00. Please
I hereby request a refund or credit	of real pr	operty t		Cown of Rensse (County, city ate	∕, village, etc.		e year(s) <u>2</u>	<u>2020</u> .
Part 2 – To be completed by documentation and recomm Section 550 under which the	endatio	n. Špe			oaragrap			
Last day for collection of taxes without inter-		100	<u> </u>	Recommendation	ve applic		XUQ Donu	application
Signature of official				Дррго	ve applic	Date ()	[30]	12020
* If this application is approved, an attachments, to the assessor and current roll (Form RP-553).	d the sam board of	e error assess	appears on a cument review. Th	irrent assessme ey must treat th	ent roll, se iis applica	end a copy of tion as a petit	this form, fr ion for the	ncluding all correction of that
Part 3 – For use by the tax I				esignated by	/ resolu	tion(insert	number or d	: date, if applicable)
Application approved (Mark an X	in the ap	plicable	box):			_		
Clerical error Eri	or in esse	ential fa	ict	Unlawful	Entry	]		
Amount of taxes paid 2370	182	Amoun	it of taxes due	,085.8	7 A	mount of refund o	or credit	290.95
Application denied (reason):							4 - WA (1984)	
Signature of chief executive officer or officia	designated	by resolu	ution			Date		

#### TOWN OF RENSSELAERVILLE: TOWN & COUNTY 2020 TAXES

FISCAL YEAR: 01/01/2020 to 12/31/2020 WARRANT DATE: 12/31/2019 STATE AID - COUNTY: \$91,269,848.00 TOWN: \$0.00 BANK **BILL NUMBER** PAGE MAKE CHECK PAYABLE TO: 001827 1 OF 1 PROPERTY INFORMATION: TO PAY IN PERSON:

VICTORIA H. KRAKER TOWN CLERK\TAX COLLECTOR **87 BARGER ROAD** MEDUSA, NY 12120

Town Hall Monday - Wednesday 9:00 AM - 3:30 PM Thursday 9:00 AM - 6:30 PM Friday 9:00 AM - 1:00 PM

TAX MAP #: 013600 172.-1-14

DIMENSION: 10.10 acres

RS: 1 CLASS: Rural res ADDRESS: 394 Edwards Hill Rd

SCHOOL: Cairo-Durham

FULL MARKET VALUE:

267544.00

UNIFORM % OF VALUE:

ASSESSMENT:

57.00 152500

Zimmerman Paul H Zimmerman Marietta 394 Edwards Hill Rd Oak Hill, NY 12460

PROPERTY OWNER:

Exemption CW 15 VET/ ✓CW DISBLD

Value 7200:00 3813.00

Tax Purpose 12632.000 6689.000

Full Value

C/T C/T

Rad(CE) IP

If you feel the assessment on your property is too high, you have the right to file a grievance to lower it for future tax bills. For information, please contact your assessor for the booklet "How to File a Complaint on Your Assessment" and to inquire about exemptions. Any reduction in assessment will NOT be reflected on this bill.

LEVY DESCRIPTION	TAX LEVY	% Change From Prior YR Levy	RATE	TAXABLE	VALUE	AMOUNT	DUE
TOWN	392003	5.1000	2.87836700	122,000	1 <del>41487.0</del> 0	351.16	407:25
HIGHWAY 1	479861	-14.5000	3.52348400	í	1414 <del>87.0</del> 0	4 29.87	498:53
HIGHWAY 2,3,4	315622	45.1000	2.31752300		1 <del>41487.0</del> 0	282.74	327:90
COUNTY	832707	4.1000	6.21113700	4	14 <del>1487</del> :00	757.76	878.80
MEDUSA FIRE DISTRICT	63373	0.6000	1.73340800		152500.00	_ •	264.34
		Ī	OTAL TAXEST	JUE BY JANUA	RY 31, 2020:		2376.82

#### PAYMENTS RECEIVED

Receipt#: 314 Date Paid:01/15/2020 **Full Payment** 

Ret. Check Fee: 0.00

2,085.87

Tax: 2376.82 Cash: 0.00

Penalty: 0.00 Check: 2376.82 Surcharge: 0.00 Check #: 4775

Notice Fee: 0.00

Received from Zimmerman Paul H / Marietta - Via Counter: \$2376.82

TOTAL TAXES PAID TO DATE:

\$2376.82

Printed on: 05/11/2020 10:45:01 AM



**RP-556** 

## Application for Refund or Credit of Real Property Taxes

Part I - General Informati	OII. 10 D	e coi	ripieteu iri dupi	ilcate by the	applica	114.		
Names of owners		······································						
Paul & Marietta Zimmerman					****			
Mailing address of owners (number and st	reet or PO bo	ox)		Location of proper	ty (street ac	ldress)		
394 Edwards Hill Rd								
City, village, or post office	State	,,,	ZIP code	City, town, or village	ge		State	ZIP code
Oak Hill		NY	12460					
Daytime contact number	Evening cor	ntact nu	mber	Tax map number of	section/bloc	k/lot: Property ider	ntification (see	tax bill or assessment roll)
				1721-14				
Account number (as appears on tax bill)		Amount	of taxes paid or payab	le	Date of pa	yment		
1236	:	2,321.	51		01-31-20	)19		
Reasons for requesting a refund or credit: Incorrect percentage was entered process this RP-556 Refund	I for Vet D	isabilit	y Exemption 4117	1. Incorrect an	nount 3,8	13.00 correct	ed amount	7,626.00. Please
I hereby request a refund or credi	t of real pr	operty	taxes levied by To	(County, city,	aerville , village, etc.		e year(s) <u>2</u>	2019
Part 2 – To be completed by documentation and recomm Section 550 under which the	endation	n. Spe	Director or Villa	age Assesson	paragrap	a written r	report inc	luding 3, or 7 of
Last day for collection of taxes without inte	0/20	<u>0</u>	Ö	Recommendation		2/3/	20	19
	13	1 3	2019		ve applic		Deny	application
Signature of official	ÜA	I GA				Date	120	2020
* If this application is approved, ar attachments, to the assessor an current roll (Form RP-553).	nd the sam I board of	ne erro asses	r appears on a cu sment review. The	rrent assessme ey must treat th	ent roll, se is applica	end a copy of tion as a peti	this form, in	ncluding all correction of that
Part 3 – For use by the tax				signated by	resolu	ition	number or c	tate, if applicable)
Application approved (Mark an 2	n the ap	piicabl	e pox):					
Clerical error E	ror in esse	ential f	act	Unlawful	Entry	J	Æ	
Amount of taxes paid 233	1.51	Amou	int of taxes due	041.0	4 ^	mount of refund	or credity	280-47
Application denied (reason):								
					····			
Signature of chief executive officer or official	al designated	by reso	lution			Date	. 2.111	

#### TOWN OF RENSSELAERVILLE: TOWN & COUNTY 2019 TAXES

VICTORIA H. KRAKER TOWN CLERK/TAX COLLECTOR 87 BARGER ROAD MEDUSA, NY 12120 TO PAY IN PERSON:

Town Hall Monday - Wednesday 9:00 AM - 3:30 PM Thursday 9:00 AM - 6:30 PM Friday 9:00 AM - 1:00 PM PROPERTY INFORMATION:

TAX MAP #: 013600 172.-1-14

DIMENSION: 10.10 acres

RS: 1 CLASS: Rural res ADDRESS: 394 Edwards Hill Rd

SCHOOL: Cairo-Durham

FULL MARKET VALUE:

254167.00

UNIFORM % OF VALUE: ASSESSMENT:

60.00 152500

Zimmerman Paul H Zimmerman Marietta 394 Edwards Hill Rd Oak Hill, NY 12460

PROPERTY OWNER:

Exemption
CW\_15\_VET/
CW\_DISBLD\_

 $\frac{\text{Value}}{22.875 / 7422.00}$   $\frac{3813.00}{7.625}$ 

12370.000 6355.000

Full Value

Tax Purpose C/T C/T

#### RECEIPT

If you feel the assessment on your property is too high, you have the right to file a grievance to lower it for future tax bills. For information, please contact your assessor for the booklet "How to File a Complaint on Your Assessment" and to inquire about exemptions. Any reduction in assessment will NOT be reflected on this bill.

LEVY DESCRIPTION	TAX LEVY	% Change From Prior YR Levy	RATE	TAXABLE VA	AXABLE VALUE		DUE
COUNTY PURPOSES	799824	1.4000	6.02283600	122,000 14	<del>11265.</del> 00	734.79	8 <del>50</del> .82
TOWN	373158	2.3000	2.76574200	14	<b>112</b> 65.00	331.42	390.70
HIGHWAY 2, 3, 4	217517	2.3000	1.61217500	14	11265.00	196.69	227.74
HIGHWAY 1	561029	3.6000	4.15818800	14	11265.00	501.30	587.41
MEDUSA FIRE DISTRICT	63000	1.3000	1.73665000	15	52500.00		264.84
		T	OTAL TAXEST	DIE BY JANUARY	731.2019	9	3277.51

#### **PAYMENTS RECEIVED**

Receipt#: 1392 Date Paid:01/31/2019
Tax: 2321.51 Penalty: 0.00

Check: 2321.51

Full Payment

Surcharge: <u>0.00</u> Check #: 262 Notice Fee: 0.00

Ret. Check Fee: 0.00

Received from Zimmerman Paul H / Marietta - Via Mail: \$2321.51

\*2.041.04

TOTAL TAXES PAID TO DATE:

0.00

Cash:

\$2321.51

DAID IN BUIL

Printed on: 05/11/2020 10:44:54 AM



Signature of chief executive officer or official designated by resolution

Department of Taxation and Finance Office of Real Property Tax Services **RP-556** 

(12/19)

### Application for Refund or Credit of Real Property Taxes

Part 1 – General information: To be completed in duplicate by the applicant. Names of owners Paul & Marietta Zimmerman Mailing address of owners (number and street or PO box) Location of property (street address) 394 Edwards Hill Rd ZIP code City, town, or village State ZIP code City, village, or post office State 12460 Oak Hill NY Tax map number of section/block/lot: Property identification (see tax bill or assessment roll) Daytime contact number Evening contact number 172.-1-14 Date of payment Account number (as appears on tax bill) Amount of taxes paid or payable 01-10-2018 2,293.31 1829 Reasons for requesting a refund or credit: Incorrect percentage was entered for Vet Disability Exemption 41171. Incorrect amount 3,813.00 corrected amount 7,626.00. Please process this RP-556 Refund \_ for the year(s) 2018 I hereby request a refund or credit of real property taxes levied by Town of Rensselaerville (County, city, village, etc.) Signature of applica Part 2 - To be completed by the County Director or Village Assessor. Attach a written report including documentation and recommendation. Specify the type of error and paragraph of subdivision 2, 3, or 7 of Section 550 under which the error falls. Date warrant annexed Date application received Recommendation Last day for collection of taxes without inter Approve application\* **Deny application** Date Signature of official \* If this application is approved, and the same error appears on a current assessment roll, send a copy of this form, including all attachments, to the assessor and board of assessment review. They must treat this application as a petition for the correction of that current roll (Form RP-553). Part 3 – For use by the tax levying body or official designated by resolution (insert number or date, if applicable) Application approved (Mark an X in the applicable box): Unlawful Entry Error in essential fact Clerical error Amount of refund or credi Amount of taxes due Amount of taxes paid Application denied (reason):

Date

#### TOWN OF RENSSELAERVILLE: TOWN & COUNTY 2018 TAXES

FISCAL YEAR: 01/01/2018 to 12/31/2018 WARRANT DATE: 12/30/2017 STATE AID - COUNTY: \$73,498,642.00 TOWN: \$0.00 BANK **BILL NUMBER** PAGE MAKE CHECK PAYABLE TO: 001829 1 OF 1

VICTORIA H. KRAKER TOWN CLERK\TAX COLLECTOR 87 BARGER ROAD MEDUSA, NY 12120

TO PAY IN PERSON:

Town Hall Monday - Wednesday 9:00 AM - 3:30 PM Thursday 9:00 AM - 6:30 PM Friday 9:00 AM - 1:00 PM

PROPERTY INFORMATION:

TAX MAP #: 013600 172.-1-14

DIMENSION: 10.10 acres

RS: 1 CLASS: Rural res ADDRESS: 394 Edwards Hill Rd

SCHOOL: Cairo-Durham

FULL MARKET VALUE:

246564.00

UNIFORM % OF VALUE:

61.85

ASSESSMENT:

152500

Zimmerman Paul H Zimmerman Marietta 394 Edwards Hill Rd Oak Hill, NY 12460

PROPERTY OWNER:

Exemption Value Full Value Tax Purpose CW\_15\_VET/ 22,875 7092.00 11466.000 C/T CW\_DISBLD\_ 6165.000 C/T 7,625

#### RECEIPT

If you feel the assessment on your property is too high, you have the right to file a grievance to lower it for future tax bills. For information, please contact your assessor for the booklet "How to File a Complaint on Your Assessment" and to inquire about exemptions. Any reduction in assessment will NOT be reflected on this bill.

LEVY DESCRIPTION	TAX LEVY	% Change From Prior YR Levy	RATE	TAXABLE VALUE	AMOUNT DUE
COUNTY PURPOSES	788871	-5.7000	5.98233700	122,000 141595.00	729.85 847.07
TOWN+HIGHWAY 2,3,4	577626	-14.1000	4.31099100	141595.00	525.94 610.41
HIGHWAY 1	541611	37.7000	4.04219400	14 <del>1595</del> :00	493:15 572:35
MEDUSA FIRE DISTRICT	62200	0.1000	1.72776000	152500.00	263.48
		T	OTAL TAXES I	UE BY JANUARY 31, 2018:	\$2295.31

#### **PAYMENTS RECEIVED**

Receipt#: 214 Date Paid:01/10/2018 **Full Payment** 

Tax: 2293.31 Penalty: 0.00Cash: 0.00

Check: 2293.31 Surcharge: 0.00

Notice Fee: 0.00

Ret. Check Fee: 0.00

Check #: 220

Received from Zimmerman Paul H - Via Counter: \$2293.31

TOTAL TAXES PAID TO DATE: \$2293.31

Printed on: 05/11/2020 10:44:47 AM

## 2014 VETS EXEMPTION COLD WAR OKARL 3/29/14 abstaired - KW 4/3

OK PT 3/8/14 -abstained - KW 4/3/14 RP-458-6 (2/08)



### NEW YORK STATE DEPARTMENT OF TAXATION & FINANCE OFFICE OF REAL PROPERTY TAX SERVICES

#### APPLICATION FOR COLD WAR VETERANS EXEMPTION FROM REAL PROPERTY TAXATION

(General information and instructions for completing this form are contained in Form RP-458-b-Ins)

1.	Name and telephone no. of owner(s)  Paul H. Zimmerman  Marietta Zimmerman  Day No. (516) 528.2173  Evening No. ( )  E-mail (optional)
3.	Location of property (see instructions)  394 Educads Hill Rd  Street address Rensselaerville Nyt2147Village (if any)  Ballin Marketteto  City/Town
	Property identification (see tax bill or assessment roll)  Tax map number or section/block/lot: /72/-/4
4.	Is the owner a veteran who served in the active military, naval or air service of the United States between September 2, 1945 and December 26, 1991? Yes No
	If No, indicate the relationship of the owner to veteran who rendered such service:
	If Yes, is the veteran also the unremarried surviving spouse of a veteran? Yes X No
5.	Indicate branch of veteran's service and dates of active service: USMC 630-76 - 10-15. 8  (Attach written evidence)
6.	Was the veteran discharged or released from the active service under honorable conditions?  Yes No (Attach written evidence)
7.	Has the veteran received, or did the veteran receive prior to his/her death, a compensation rating from the United States Veteran's Administration or from the United States Department of Defense as a result of a service-connected disability? X Yes No
	If Yes, what is (was) the veteran's compensation rating? 10 20
	check if rating is permanent? (Attach written evidence showing the date such rate was established)
	If No, did the veteran die in service of a service connected disability or in the line of duty?  Yes No (Attach written evidence)
8.	Is the property the primary residence of the veteran or the unremarried surviving spouse of the veteran? Yes \( \subseteq \text{No} \)
	If <u>No</u> , is the veteran or unremarried surviving spouse of the veteran absent from the property due to medical reasons or institutionalization?  Yes  No
	Explain:



#### DEPARTMENT OF VETERANS AFFAIRS NEW YORK REGIONAL OFFICE 245 West Houston Street New York, NY 10014

PAUL H. ZIMMERMAN, JR

VA File Number

#### Represented By: DISABLED AMERICAN VETERANS

Rating Decision
June 05, 2013

#### INTRODUCTION

The records reflect that you are a veteran of the Peacetime. You served in the Marine Corps from June 30, 1976 to March 29, 1981. You filed an original disability claim that was received on May 9, 2012. Based on a review of the evidence listed below, we have made the following decision(s) on your claim.

#### DECISION

- 1. Service connection for tinnitus is granted with an evaluation of 10 percent effective May 9, 2012.
- 2. Service connection for sensorineural hearing loss in right ear is granted with an evaluation of 0 percent effective May 9, 2012.
- 3. Service connection for sensorine ural hearing loss in left ear is denied.



**RP-556** 

## Application for Refund or Credit of Real Property Taxes

Part 1 - General information: To be completed in duplicate by the applicant.

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Names of owners		~~~~						
Barbara DeMille			ver					
Mailing address of owners (number and st	reet or PO be	ox)		Location of prope	rty (street a	ddress)		
5019 Delaware Tpke								710
City, village, or post office	State		ZIP code	City, town, or villa	ge		State	ZIP code
Rensselaerville		NY	12147			14.15	55 - C - C	( L. 2)
Daytime contact number	Evening co	ntact nun	nber	1	section/blo	ck/lot: Property Ider	itification (see	tax bill or assessment roll)
4		A t		137.9-1-26	ID-1			
Account number (as appears on tax bill)			of taxes paid or payat	ole	Date of pa	•		
Reasons for requesting a refund or credit:		1,783.8	34		01-09-2	020		
Incorrect percentage was entered process this RP-556 Refund	for Vet D	isability	/ Exemption 4114	40. Incorrect ar	nount 3,2	200.00 correcte	ed amount	6,400.00. Please
I hereby request a refund or credit	of real pr	operty	taxes levied by T	County, city	aerville , village, etc		e year(s) 💆	2020
Part 2 – To be completed by documentation and recomm Section 550 under which the	endation e error fa	n. Špe			oaragra			
Last day for collection of taxes without inter	esi	13	1/3030	1 1	ve applic	Date	Deny	application $\Box$
	HA		M.			L W		$\alpha \cup \alpha \cup \beta$
<ul> <li>If this application is approved, an attachments, to the assessor and current roll (Form RP-553).</li> </ul>								
Part 3 – For use by the tax				esignated by	resolu	ution	number or o	date, if applicable)
Application approved (Mark an )	in the ap	plicable	e box):					
Clerical error Er	ror in ess	ential fa	act	Unlawful	Entry [		1	
Amount of taxes paid 1783.	84	Amour	nt of taxes due	,736'	D4 /	Amount of refund o	or credit \$\frac{1}{2}	4780
Application denied (reason):								
Signature of chief executive officer or official	l designated	by resol	ution	3347		Date		

#### TOWN OF RENSSELAERVILLE: TOWN & COUNTY 2020 TAXES

FISCAL YEAR: 01/01/2020 to 12/31/2020 WARRANT DATE: 12/31/2019 STATE AID - COUNTY: \$91,269,848.00 TOWN: \$0.00 BANK **BILL NUMBER** PAGE MAKE CHECK PAYABLE TO: 1 OF 1 000413

VICTORIA H. KRAKER TOWN CLERK\TAX COLLECTOR 87 BARGER ROAD MEDUSA, NY 12120

TO PAY IN PERSON:

Town Hall Monday - Wednesday 9:00 AM - 3:30 PM Thursday 9:00 AM - 6:30 PM Friday 9:00 AM - 1:00 PM

PROPERTY INFORMATION:

TAX MAP #: 013600 137.9-1-26

DIMENSION: 0.24 acres

RS: 1 CLASS: 1 Family Res ADDRESS: 5019 Delaware Tpk Greenville Central SCHOOL:

FULL MARKET VALUE:

224561.00 57.00 UNIFORM % OF VALUE:

ASSESSMENT:

128000

DeMille Barbara DeMille Wm-Deceased 5019 Delaware Tpke Rensselaerville, NY 12147

PROPERTY OWNER:

Full Value Tax Purpose Exemption Value VET WAR CT 19200.00 33684.000 C/T VET DIS CT 6400 3200.00 5614.000 C/T

#### RECEIPT

If you feel the assessment on your property is too high, you have the right to file a grievance to lower it for future tax bills. For information, please contact your assessor for the booklet "How to File a Complaint on Your Assessment" and to inquire about exemptions. Any reduction in assessment will NOT be reflected on this bill.

LEVY DESCRIPTION	TAX LEVY	% Change From Prior YR Levy	RATE	TAXABLE VALUE		AMOUNT	DUE
TOWN	392003	5.1000	2.87836700	103,400	105600.00	294.74	303.96
HIGHWAY 1	479861	-14.5000		102,400	105600.00	360.80	372.08
HIGHWAY 2,3,4	315622	45.1000	2.31752300	102,400	105600.00	237.31	244.73
COUNTY	832707	4.1000	6.21113700	102,400		636.02	6 <del>55.</del> 90
RENSSELAERVILLE FIRE	62202	1.1000	1.06928000		128000.00		136.87
RENSSELAERVILLE LGHT	4750	0.2000	0.49366600		128000.00		63.19
RENS WATER/HYD	500	-80.0000	0.05557400		128000.00		7.11
		Т	OTAL TAXES I	OUE BY JANU	ARY 31, 2020:		\$1783.84

PAYMENTS RECEIVED

**Full Payment** Date Paid:01/09/2020 Receipt#: 91

1,736.04 Notice Fee: 0.00 Ret. Check Fee: 0.00 Surcharge: 0.00 Tax: Penalty: 0.00 <u>1783.84</u>

Check #: 4306 Cash: 0.00 Check: <u>1783.84</u>

Received from DeMille Barbara - Via Mail: \$1783.84

PAID TOTAL TAXES PAID TO DATE: \$1783.84

Printed on: 05/11/2020 10:39:14 AM



**RP-556** 

## Application for Refund or Credit of Real Property Taxes

Part 1 – General Informa	ation: 10 b	e con	npietea in au	plicate by the	applical	m.		
Names of owners	***************************************				•	101		
Barbara DeMille								
Mailing address of owners (number and	d street or PO bo	x)		Location of property (street address)				
5019 Delaware Tpke								
City, village, or post office	State		ZIP code	City, town, or villa	ge		State	ZIP code
Rensselaerville	1	٧Y	12147					
Daytime contact number	Evening con			1	f section/bloc	k/lot: Property ide	entification (see	tax bill or assessment roll)
				137.9-1-26	15.			
Account number (as appears on tax bill			of taxes paid or paya	able	Date of pa	•		
503 Reasons for requesting a refund or cred		,772.9	8		01-07-20	019		
Incorrect percentage was enter process this RP-556 Refund	ed for Vet Di	sability	Exemption 411	140. Incorrect ar	mount 3,2	00.00 correc	ted amount	6,400.00. Please
I hereby request a refund or cre	dit of real pro	perty	Service Total	Town of Rensse (County, city Date	laerville (, village, etc.		ne year(s) <u>2</u>	
Part 2 – To be completed documentation and recom Section 550 under which to Date application received	mendation	ı. Špe			oaragrap			
Last day for collection of taxes without in	nterest	<u>0a</u> 311	2019	Recommendation Appro	ve applic	ation*	Deny	application
Signature of official	10	2	la	7		Date /	30/3	2020
f If this application is approved, attachments, to the assessor a current roll (Form RP-553).	and the same and board of a	e error assess	appears on a coment review. The	eurrent assessme ney must treat th	ent roll, se iis applica	end a copy of tion as a pet	this form, in	ncluding all correction of that
Part 3 – For use by the ta		•		esignated by	/ resolu		t number or c	: late, if applicable)
<del>\</del>	• •		·		Γ	1		
Clerical error	Error in esse	ntial fa	ıct []	Unlawful	Entry L	·	A	
Amount of taxes paid	2.98	Amour	t of taxes due	,726.4C	) A	mount of refund	or credit	16.58
Application denied (reason):								
			A-15-AA1-17-11-11-11-11-11-11-11-11-11-11-11-11					A de Maria
Signature of chief executive officer or off	icial designated	by resolu	ution			Date		

#### TOWN OF RENSSELAERVILLE: TOWN & COUNTY 2019 TAXES

STATE AID - COUNTY: \$90,121,595.00 FISCAL YEAR: 01/01/2019 to 12/31/2019 WARRANT DATE: 12/31/2018 TOWN: \$0.00 BANK PAGE **BILL NUMBER** MAKE CHECK PAYABLE TO: 000503 1 OF 1

VICTORIA H. KRAKER TOWN CLERK\TAX COLLECTOR 87 BARGER ROAD MEDUSA, NY 12120

TO PAY IN PERSON:

Town Hall Monday - Wednesday 9:00 AM - 3:30 PM Thursday 9:00 AM - 6:30 PM Friday 9:00 AM - 1:00 PM

PROPERTY INFORMATION:

TAX MAP #: 013600 137.9-1-26

DIMENSION: 0.24 acres

1 CLASS: 1 Family Res RS:

ADDRESS: 5019 Delaware Tpk SCHOOL: Greenville Central

FULL MARKET VALUE:

213333.00

UNIFORM % OF VALUE:

60.00

ASSESSMENT:

128000

DeMille Barbara DeMille Wm-Deceased 5019 Delaware Tpke Rensselaerville, NY 12147

PROPERTY OWNER:

Exemption Value Full Value Tax Purpose VET WAR CT 19200.00 32000.000 C/T 5333.000 C/T VET DIS CT 6400 3200.00

#### RECEIPT

If you feel the assessment on your property is too high, you have the right to file a grievance to lower it for future tax bills. For information, please contact your assessor for the booklet "How to File a Complaint on Your Assessment" and to inquire about exemptions. Any reduction in assessment will NOT be reflected on this bill.

LEVY DESCRIPTION	TAX LEVY	% Change From Prior YR Levy	RATE	TAXABLI	E VALUE	AMOUNT	DUE
COUNTY PURPOSES	799824	1.4000	6.02283600	162,400	1 <b>0560</b> 0.00	616.74	6 <del>36.</del> 01
TOWN	373158	2.3000		102,400	105600.00	283, 21	<del>292.</del> 06
HIGHWAY 2, 3, 4	217517	2.3000	1.61217500	102,400	105600.00	145.09	1 <del>70.2</del> 5
HIGHWAY 1	561029	3.6000	4.15818800	103,400	105600.00	435.80	4 <del>39.</del> 10
RENSSELAERVILLE FIRE	61500	4.8000	1.06722800		128000.00	133	136.61
RENSSELAERVILLE LGHT	4740	4.2000	0.49422700		128000.00		63.26
RENS WATER/HYD	2500	0.0000	0.27883700		128000.00		35.69
		T	OTAL TAYEST	HE BY TANIL	ADV 31 2010.		\$1772 98

#### PAYMENTS RECEIVED

Receipt#: 53 Date Paid:01/07/2019 **Full Payment** Ret. Check Fee: 0.00 Notice Fee: 0.00 Tax: 1772.98 Penalty: 0.00 Surcharge: 0.00

Check #: 4045 Cash: 0.00 Check: 1772.98

Received from DeMille Barbara - Via Mail: \$1772.98

PAID TOTAL TAXES PAID TO DATE: \$1772.98

Printed on: 05/11/2020 10:39:05 AM



Signature of chief executive officer or official designated by resolution

Department of Taxation and Finance Office of Real Property Tax Services **RP-556** 

(12/19)

### Application for Refund or Credit of Real Property Taxes

Part 1 - General information: To be completed in duplicate by the applicant. Names of owners Barbara DeMille Location of property (street address) Mailing address of owners (number and street or PO box) 5019 Delaware Tpke City, town, or village State ZIP code City, village, or post office State ZIP code Rensselaerville NY 12147 Tax map number of section/block/lot: Property identification (see tax bill or assessment roll) Daytime contact number Evening contact number 137.9-1-26 Amount of taxes paid or payable Date of payment Account number (as appears on tax bill) 01-09-2018 1,741.81 417 Reasons for requesting a refund or credit: Incorrect percentage was entered for Vet Disability Exemption 41140. Incorrect amount 3,200.00 corrected amount 6,400.00. Please process this RP-556 Refund I hereby request a refund or credit of real property taxes levied by Town of Rensselaerville for the year(s) <u>2018</u> (County, city, village, etc.) Signature of applicant Part 2 - To be completed by the County Director or Village Assessor. Attach a written report including documentation and recommendation. Specify the type of error and paragraph of subdivision 2, 3, or 7 of Section 550 under which the error falls. Date warrant annexed Date application received Recommendation Last day for collection of taxes without interest Approve application\* **Deny application** Signature of official \* If this application is approved, and the same error appears on a current assessment roll, send a copy of this form, including all attachments, to the assessor and board of assessment review. They must treat this application as a petition for the correction of that current roll (Form RP-553). Part 3 – For use by the tax levying body or official designated by resolution (insert number or date, if applicable) Application approved (Mark an X in the applicable box): Error in essential fact Unlawful Entry Clerical error Amount of taxes due Amount of refund or credit Amount of taxes paid Application denied (reason):

Date

#### TOWN OF RENSSELAERVILLE: TOWN & COUNTY 2018 TAXES

STATE AID - COUNTY: \$73,498,642.00 TOWN: \$0.00 WARRANT DATE: 12/30/2017 FISCAL YEAR: 01/01/2018 to 12/31/2018 BANK PAGE **BILL NUMBER** MAKE CHECK PAYABLE TO: 000417 1 OF 1

VICTORIA H. KRAKER TOWN CLERK\TAX COLLECTOR 87 BARGER ROAD MEDUSA, NY 12120

TO PAY IN PERSON:

Town Hall Monday - Wednesday 9:00 AM - 3:30 PM Thursday 9:00 AM - 6:30 PM Friday 9:00 AM - 1:00 PM

PROPERTY INFORMATION:

TAX MAP #: 013600 137.9-1-26

DIMENSION: 0.24 acres

RS: 1 CLASS: 1 Family Res ADDRESS: 5019 Delaware Tpk SCHOOL: Greenville Central

**FULL MARKET VALUE:** 

206952.00

UNIFORM % OF VALUE:

61.85

ASSESSMENT:

128000

DeMille Barbara

PROPERTY OWNER:

DeMille Wm-Deceased 5019 Delaware Tpke Rensselaerville, NY 12147

Tax Purpose Full Value Exemption Value VET WAR CT 19200.00 31043.000 C/T VET DIS CT 3200.00 5174.000 C/T 6400

#### RECEIPT

If you feel the assessment on your property is too high, you have the right to file a grievance to lower it for future tax bills. For information, please contact your assessor for the booklet "How to File a Complaint on Your Assessment" and to inquire about exemptions. Any reduction in assessment will NOT be reflected on this bill.

LEVY DESCRIPTION	TAX LEVY	% Change From Prior YR Levy	RATE	TAXABL	E VALUE	AMOUNT	DUE
COUNTY PURPOSES	788871	-5.7000	5.98233700	102,400	105600.00	612.59	631.73
TOWN+HIGHWAY 2,3,4	577626	-14.1000	4.31099100		1 <del>05</del> 600.00	441.45	455.24
HIGHWAY 1	541611	37.7000	4.04219400	102,400	105600.00	413.92	426.86
RENSSELAERVILLE FIRE	58700	0.1000	1.02599400		128000.00	'''	131.33
RENSSELAERVILLE LGHT	4550	0.0000	0.47570400		128000.00		60.89
RENS WATER/HYD	2500	0.0000	0.27937700		128000.00		35.76
		T	OTAL TAXES I	HE RY JANII	ARY 31, 2018:		\$1741.81

#### **PAYMENTS RECEIVED**

Date Paid:01/09/2018 Receipt#: 171 **Full Payment** Tax: <u>1741.81</u>

Penalty: Check:

0.00 1741.81 Surcharge: 0.00 Check #: 448

Notice Fee: 0.00

Ret. Check Fee: 0.00

Received from DeMille Barbara - Via Mail: \$1741.81

TOTAL TAXES PAID TO DATE: \$1741.81

Printed on: 05/11/2020 10:38:57 AM

Cash:

0.00



### APPLICATION FOR ALTERNATIVE VETERANS EXEMPTION 2 FROM REAL PROPERTY TAXATION

.24AC

(General information and instructions for completing this form are contained in Form RP-458-a-Ins)

1. Name and telephone no. of owner(s)  WILLIAM DE HILLE	2. Mailing address of owner(s)
BARBARA DEHILLE	REUSSELAERVILLE, NY 1214
Day No. (512) 797 3247 3	NEWSELARVILLE, N. 1 (SIT)
Evening No. ( Seeme	And the second s
3. Location of property ( Street address  RENSSELATEUILLE NY 12147	See instructions)  KENSSELABEVILLE (HAWLET)  Village (if any)
City/Town ending the second of	pill or assessment roll) 137,9 -1 -26
4. Is the owner a veteran who served in the active military, nav If No, indicate the relationship of the owner to veteran who If Yes, is the veteran also the unremarried surviving spouse	rendered such service:
5. Indicate branch of veteran's service and dates of active serv	ice: US-ARWY
	(Attach written evidence)
6. Was the veteran discharged or released from the active serv	
7. Did the veteran serve in a combat zone or combat theater? If Yes, where did the veteran serve and when was such serve	
ZAW-1	
(Attach written e 8. Has the veteran received, or did the veteran receive prior to United States Veterans' Administration or from the United service connected disability? Yes No If Yes, what is (was) the veteran's compensation rating?	his/her death, a compensation rating from the
Is this rating permanent? Yes No	uie date such faie was established)
If No, did the veteran die in service of a service connected of	lisability?YesNo (Attach written evidence)
9. Is this property the primary residence of the veteran or unre If No, is the veteran or unremarried surviving spouse of the the property due to medical reasons or institutionalization.	e veteran the owner of the property and absent from
0. Is the property used exclusively for residential purposes?	YesNo
If No, describe the non-residential use of this property and	state what portion is so used
erces	



# DEPARTMENT OF VETERANS AFFAIRS New York Regional Office 245 West Houston Street New York, NY 10014 FAX (212) 807- 4010 TEL 1-800-827-1000

02-04-98

William F. Demille 5019 Delaware Turnpike Rennselaerville, NY 12147 In Reply Refer To: 2/JC306/ 17-498-810 Demille, William F.

Dear Mr Demille:

The Department of Veterans Affairs discloses that Mr. William F. Demille has been receiving a service-connected disability since 08-25-55 to present rated at 10%.

What if I have any questions?

Your claim is being processed by Team. If you have any questions, you may call us toll free at 1-800-827-1000 extension from within New York State or you may call 1-212-807-7229 extension from anywhere.

Sincerely yours,

Team

Veterans Benefits and Services Division



Signature of chief executive officer or official designated by resolution

Department of Taxation and Finance Office of Real Property Tax Services

**RP-556** 

(12/10)

### **Application for Refund or Credit of Real Property Taxes**

Part 1 - General information: To be completed in duplicate by the applicant. Names of owners Velma P Kiley Location of property (street address) Mailing address of owners (number and street or PO box) 217 Fish Rd City, town, or village ZIP code ZIP code State City, village, or post office State Oak Hill NY 12460 Tax map number of section/block/lot: Property identification (see tax bill or assessment roll) Daytime contact number Evening contact number 182.-1-24 Amount of taxes paid or payable Date of payment Account number (as appears on tax bill) 01-21-2020 3,711.75 Reasons for requesting a refund or credit: Incorrect percentage was entered for Vet Disability Exemption 41140. Incorrect amount 10,196.00 corrected amount 20,393.00. Please process this RP-556 Refund I hereby request a refund or credit of real property taxes levied by Town of Rensselaerville \_ for the year(s) <u>2020</u> (County, city, village, etc.) Signature of applicant Part 2 - To be completed by the County Director or Village Assessor. Attach a written report including documentation and recommendation. Specify the type of error and paragraph of subdivision 2, 3, or 7 of Section 550 under which the error falls. Date application received Date warrant annexed Recommendation Last day for collection of taxes without Approve application\* Deny application Signature of official \* If this application is approved,(and the same error appears on a current assessment roll, send a copy of this form, including all attachments, to the assessor and board of assessment review. They must treat this application as a petition for the correction of that current roll (Form RP-553). Part 3 – For use by the tax levying body or official designated by resolution (insert number or date, if applicable) **Application approved** (Mark an **X** in the applicable box): Unlawful Entry Clerical error Error in essential fact Amount of taxes paid Amount of taxes due Amount of refund or credit Application denied (reason):

Date

#### TOWN OF RENSSELAERVILLE: TOWN & COUNTY 2020 TAXES

FISCAL YEAR: 01/01/2020 to 12/31/2020 WARRANT DATE: 12/31/2019 STATE AID - COUNTY: \$91,269,848.00 TOWN: \$0.00

MAKE CHECK PAYABLE TO: BANK BILL NUMBER PAGE

000862 1 OF 1

VICTORIA H. KRAKER TOWN CLERK\TAX COLLECTOR 87 BARGER ROAD MEDUSA, NY 12120 TO PAY IN PERSON:

Town Hall Monday - Wednesday 9:00 AM - 3:30 PM Thursday 9:00 AM - 6:30 PM Friday 9:00 AM - 1:00 PM PROPERTY INFORMATION:

TAX MAP #: 013600 182.-1-24

DIMENSION: 92.40 acres

RS: 1 CLASS: Res Multiple ADDRESS: 217 Fish Rd

SCHOOL: Cairo-Durham

FULL MARKET VALUE: 477018.00

UNIFORM % OF VALUE: 57.00 ASSESSMENT: 271900

Kiley Velma P 217 Fish Rd

PROPERTY OWNER:

Oak Hill, NY 12460

Exemption Value **Full Value** Tax Purpose VET COM CT 34,200 16994.00 29814.000 C/T 10196.00 17888.000 C/T VET DIS CT 68,400 OV65-ALL 20393.00 35777.000 C T OV65-ALL 20393.00 35777.000

#### RECEIPT

If you feel the assessment on your property is too high, you have the right to file a grievance to lower it for future tax bills. For information, please contact your assessor for the booklet "How to File a Complaint on Your Assessment" and to inquire about exemptions. Any reduction in assessment will NOT be reflected on this bill.

LEVY DESCRIPTION	TAX LEVY	% Change From Prior YR Levy	RATE	TAXABL	E VALUE	AMOUN'	ΓDUE
TOWN	392003	5.1000		148,907	224317.00	428,61	645.67
HIGHWAY 1	479861	-14.5000	3.52348400		2 <del>243</del> 17.00	524.67	7 <del>90.3</del> 8
HIGHWAY 2,3,4	315622	45.1000	2.31752300	ll.	2 <del>24317.0</del> 0	345.10	5 <del>19:86</del>
COUNTY	832707	4.1000	6.21113700	~	2 <del>24317</del> .00	924.88	1 <del>393.2</del> 6
PRESTON HOLLOW FIRE	63182	3.6000	1.33350800		271900.00		362.58
		T	OTAL TAYEST	TIF BY TANII	ADV 31 2020.		£3714-75

**PAYMENTS RECEIVED** 

Cash: 0.00 Check: 3711.75 Check #: 577

Received from Kiley Velma P / Pinnella Jacqueline - Via Counter: \$3711.75

TOTAL TAXES PAID TO DATE: \$3711.75 PAID IN FILL.

Printed on: 05/11/2020 10:44:18 AM



**RP-556** 

## Application for Refund or Credit of Real Property Taxes

Resease for requesting a refund or credit incorrect percentage was entered for Vet Disability Exemption 41140. Incorrect amount 10,196.00 corrected amount 20,393.00. Please process this RP-556 Refund  I hereby request a refund or credit of real property taxes levied by Town of Rensselaerville (County, city, village, etc.)  Signature of applicant   Date   Signature of applicant   Signature of applicant   Section 550 under which the error falls.  Date application received   Signature of official   Date   Signature of official   Signature of official   Date   Signature of official   Signature of official   Date   Signature of official   Signature	Part 1 – General informat	ion: To be completed in	n duplicate by the	applicant.				
Mailing address of owners (number and street or PO box)  217 Fish Rd  City, Village, or post office  State  219 code  City, town, or village  State  State  219 code  City, town, or village  State  State  219 code  City, town, or village  State  State  State  219 code  City, town, or village  State  Sta	Names of owners							
217 Fish Rd  City, tlags, or post office  City, town, or village  State  ZIP code  Oak Hill  Dayline contact number  Evening contact number    Evening contact number   Tax map number of action/block/lict. Property identification (see tex bill or assessment rol 1821-24    Account number (as appears on tax bill)	Velma P Kiley							
State Zip code Oak Hill  NY 12460  NY 12460  Tax map number of sedionblock/lid: Property identification (see tax bill or assessment rol 182-1-24  Account number (se appears on tax bill)  Account number (se appears on tax bill)  Account number (se appears on tax bill)  Account number (see appears on tax bill)  Account numbe	Mailing address of owners (number and s	treet or PO box)	Location of prope	Location of property (street address)				
Dak Hill Daysine contact number Date of payment Date o								
Daytime contact number    Evening contact number   Evening contact number   Tax map number of section/block/lct. Property identification (see tax bill or assessment rol 182.1-24   Account number (as appears on tax bill)   Amount of taxes paid or payable   Date of payment   182.1-24   Date of payment   182	City, village, or post office	State ZIP code	City, town, or villa	age	State ZIP code			
182_1-24   Date of payment   Date of payment   One of p	Oak Hill	NY 12460						
Resons for requesting a refund or credit: Incorrect percentage was entered for Vet Disability Exemption 41140. Incorrect amount 10,196.00 corrected amount 20,393.00. Please process this RP-556 Refund  Incorrect percentage was entered for Vet Disability Exemption 41140. Incorrect amount 10,196.00 corrected amount 20,393.00. Please process this RP-556 Refund  Incorrect percentage was entered for Vet Disability Exemption 41140. Incorrect amount 10,196.00 corrected amount 20,393.00. Please process this RP-556 Refund  Incorrect percentage was entered for Vet Disability Exemption 41140. Incorrect amount 10,196.00 corrected amount 20,393.00. Please process this RP-556 Refund  Incorrect percentage was entered for Vet Disability Exemption 41140. Incorrect amount 10,196.00 corrected amount 20,393.00. Please process this RP-556 Refund  Incorrect percentage was entered for Vet Disability Exemption 41140. Incorrect amount 10,196.00 corrected amount 20,393.00. Please process this RP-556 Refund  Incorrect percentage was entered for Vet Disability Exemption 41140. Incorrect amount 10,196.00 corrected amount 20,393.00. Please process this RP-556 Refund  Incorrect percentage was entered for Vet Disability Exemption 41140. Incorrect amount 10,196.00 corrected amount 20,393.00. Please process this RP-556 Refund  Incorrect percentage was entered for Vet Disability Exemption 41140. Incorrect amount 10,196.00 corrected amount 20,393.00. Please process this RP-556 Refund  Incorrect percentage was entered for Vet Disability Exemption 41140. Incorrect amount 10,196.00 corrected amount 20,393.00. Please process this RP-556 Refund  Incorrect percentage was entered for Vet Disability Exemption 41140. Incorrect amount 10,196.00 corrected amount 20,393.00. Please process this percentage was entered for Vet Percentage entered for	Daytime contact number	Evening contact number	I '	of section/block/lot: Property ide	ntification (see tax bill or assessment roll)			
Reason for requesting a refund or credit incorrect percentage was entered for Vet Disability Exemption 41140. Incorrect amount 10,196.00 corrected amount 20,393.00. Please process this RP-556 Refund  I hereby request a refund or credit of real property taxes levied by Town of Rensselaerville (County, city, village, etc.)  Signature of applicant   Date   County Director or Village Assessor. Attach a written report including documentation and recommendation. Specify the type of error and paragraph of subdivision 2, 3, or 7 of Section 550 under which the error falls.  Date application received   Date   Date	Account number (as appears on tax bill)	Amount of taxes paid	or payable	Date of payment				
Percentage was entered for Vet Disability Exemption 41140. Incorrect amount 10,196.00 corrected amount 20,393.00. Please process this RP-556 Refund  Thereby request a refund or credit of real property taxes levied by Town of Rensselaerville (County, city, village, etc.)  Signature of applicant Date County Director or Village Assessor. Attach a written report including documentation and recommendation. Specify the type of error and paragraph of subdivision 2, 3, or 7 of Section 550 under which the error falls.  Date application received Date warrant annexed 3 3 1 20 9 Recommendation Approve application Approve application Approve application Signature of official Approved, and the same error appears on a current assessment roll, send a copy of this form, including all attachments, to the assessor and board of assessment review. They must treat this application as a petition for the correction of that current roll (Form RP-553).  Part 3 – For use by the tax levying body or official designated by resolution (Insert number or date, if applicable) Application approved (Mark an X in the applicable box):  Derivative of application approved (Mark an X in the applicable box):  Error in essential fact Unlawful Entry Amount of taxes due Amount of taxes due Amount of refund or credit Amount of taxes paid Amount of taxes due Amount of taxes due Amount of refund or credit Amount of refund	1676	3,617.86		01-23-2019				
County, city, village, etc.)   Signature of poplicant   Date   S-14   S-20     Part 2 - To be completed by the County Director or Village Assessor. Attach a written report including documentation and recommendation. Specify the type of error and paragraph of subdivision 2, 3, or 7 of Section 550 under which the error falls.    Date application received   S-20   S-20   Date warrant annexed   S-20   Part and the same error appears on a current assessment roll, send a copy of this form, including all attachments, to the assessor and board of assessment review. They must treat this application as a petition for the correction of that current roll (Form RP-553).    Part 3 - For use by the tax levying body or official designated by resolution   (Insert number or date, if applicable)     Application approved (Mark an X in the applicable box):   Error in essential fact   Unlawful Entry   Amount of taxes paid   S-40   S	Incorrect percentage was entered	•	on 41140. Incorrect a	mount 10,196.00 corre	cted amount 20,393.00.			
Part 2 – To be completed by the County Director or Village Assessor. Attach a written report including documentation and recommendation. Specify the type of error and paragraph of subdivision 2, 3, or 7 of Section 550 under which the error falls.  Date application received 5 20 20 Date warrant annexed 3 3 1 20 19  Last day for collection of taxes without interest 3 2 20 20  East day for collection of taxes without interest 3 2 20 20  Part 3 — Deny application Deny application Deny application attachments, to the assessor and board of assessment review. They must treat this application as a petition for the correction of that current roll (Form RP-553).  Part 3 — For use by the tax levying body or official designated by resolution (insert number or date, if applicable)  Application approved (Mark an X in the applicable box):  Derivation of taxes paid 3 20 20 20  Amount of taxes p		t of real property taxes levie	ed by <u>Town of Rensse</u> (County, cit	elaerville for th y, village, etc.)	e year(s) <u>2019</u> .			
documentation and recommendation. Specify the type of error and paragraph of subdivision 2, 3, or 7 of Section 550 under which the error falls.  Date application received 5 20 20 20 Pate warrant annexed 3 3 1 20 9  Last day for collection of taxes without interest 3 2 20 9 Recommendation  Approve application* Deny application  Signature of official Pate 2 20 20 Pate warrant annexed 3 20 20 20 Pate warrant annexed 3 2 20 20 Pate warrant annexed 3 20 20 20 Pate warrant annexed 2 20 20 20 20 Pate warrant annexed 2 20 20 20 20 Pat	Signature of applicant / )		1 1					
Last day for collection of taxes without interes:    Signature of official	documentation and recomm	nendation. Specify the						
Approve application*  Deny application  Signature of official  Approve application*  Date  30 2020  If this application is approved, and the same error appears on a current assessment roll, send a copy of this form, including all attachments, to the assessor and board of assessment review. They must treat this application as a petition for the correction of that current roll (Form RP-553).  Part 3 – For use by the tax levying body or official designated by resolution  (insert number or date, if applicable)  Application approved (Mark an X in the applicable box):  Clerical error  Error in essential fact  Unlawful Entry  Amount of taxes paid  Amount of taxes due  Amount of taxes due  Amount of refund or credit  1, 176, 50	0 0	6/2020		3/3/	2019			
If this application is approved, and the same error appears on a current assessment roll, send a copy of this form, including all attachments, to the assessor and board of assessment review. They must treat this application as a petition for the correction of that current roll (Form RP-553).  Part 3 – For use by the tax levying body or official designated by resolution (insert number or date, if applicable)  Application approved (Mark an X in the applicable box):  Clerical error Error in essential fact Unlawful Entry  Amount of taxes paid  Amount of taxes paid  Amount of refund or credit 1, 176, 500	Last day for collection of taxes without inte	rest 31 2019	i l	F37	Deny application			
attachments, to the assessor and board of assessment review. They must treat this application as a petition for the correction of that current roll (Form RP-553).  Part 3 – For use by the tax levying body or official designated by resolution (insert number or date, if applicable)  Application approved (Mark an X in the applicable box):  Clerical error	Signature of official	aljo		Date ( )	30/2020			
Application approved (Mark an X in the applicable box):  Clerical error	attachments, to the assessor an	nd the same error appears of board of assessment revie	on a current assessmew. They must treat th	ent roll, send a copy of nis application as a peti	this form, including all tion for the correction of that			
Clerical error Description   Error in essential fact   Unlawful Entry   Amount of taxes paid   3/0   7 · 8/4 Amount of taxes due   3,441 · 36   Amount of refund or credit   1,176 · 50	· ·		ial designated by		number or date, if applicable)			
Amount of taxes paid 3/017 84 Amount of taxes due \$3,441.36 Amount of refund or credit 1,176.50	7-4	<b>F</b>						
5,611.04 43,441.36 71,116.36	Clerical error X	rror in essential fact	Unlawful	Entry	$\mathcal{A}$			
	Amount of taxes paid 3/01	7 · SQ Amount of taxes du	° 43,441	36 Amount of refund	or credit 1, 176 · 50			
Application denied (reason):	Application denied (reason):	A. 10 A.						
	***************************************		European Company					
		- International Control of Contro			1614911			
Signature of chief executive officer or official designated by resolution  Date	Signature of chief executive officer or offici	al designated by resolution	and the second plants of	Date	1.100			

#### TOWN OF RENSSELAERVILLE: TOWN & COUNTY 2019 TAXES

FISCAL YEAR: 01/01/2019 to 12/31/2019 WARRANT DATE: 12/31/2018 STATE AID - COUNTY: \$90,121,595.00 TOWN: \$0.00

MAKE CHECK PAYABLE TO: BANK BILL NUMBER PAGE

001676 1 OF 1

VICTORIA H. KRAKER TOWN CLERK\TAX COLLECTOR 87 BARGER ROAD MEDUSA, NY 12120 TO PAY IN PERSON:

Town Hall Monday - Wednesday 9:00 AM - 3:30 PM Thursday 9:00 AM - 6:30 PM Friday 9:00 AM - 1:00 PM PROPERTY INFORMATION:

TAX MAP #: 013600 182.-1-24

DIMENSION: 92.40 acres

RS: 1 CLASS: Res Multiple

ADDRESS: 217 Fish Rd SCHOOL: Cairo-Durham

FULL MARKET VALUE: 453167.00

UNIFORM % OF VALUE: 60.00 ASSESSMENT: 271900

Kiley Velma P 217 Fish Rd Oak Hill, NY 12460

PROPERTY OWNER:

Full Value Tax Purpose Exemption Value 36,000 16994:00 VET COM CT 28323.000 C/T VET DIS CT **72,000** 10196.00 16993.000 C/T OV65-ALL 20393.00 33988.000 С T OV65-ALL 20393.00 33988.000

#### RECEIPT

If you feel the assessment on your property is too high, you have the right to file a grievance to lower it for future tax bills. For information, please contact your assessor for the booklet "How to File a Complaint on Your Assessment" and to inquire about exemptions. Any reduction in assessment will NOT be reflected on this bill.

LEVY DESCRIPTION	TAX LEVY	% Change From Prior YR Levy	RATE	TAXABLE	VALUE	AMOUNT	DUE
COUNTY PURPOSES	799824	1.4000	6.02283600	143,507	2 <del>2431</del> 7.00	864.32	13 <del>51.</del> 02
TOWN	373158	2.3000	2.76574200		2 <del>2431</del> 7.00	396.90	6 <del>20.4</del> 0
HIGHWAY 2, 3, 4	217517	2.3000	1.61217500	,	224317.00	231.36	361.64
HIGHWAY 1	561029	3.6000	4.15818800	₩	2 <del>243</del> 17.00	596.73	932.75
PRESTON HOLLOW FIRE	61000	3.9000	1.29476000		271900.00		352.05
		Т	OTAL TAXES D	HE RY JANUA	RV 31 2019		\$3617.86

PAYMENTS RECEIVED

Receipt#: 581 Date Paid:01/23/2019 Full Payment

Tax: <u>3617.86</u> Penalty: <u>0.00</u> Surcharge: <u>0.00</u> Notice Fee: <u>0</u> Cash: <u>0.00</u> Check: <u>3617.86</u> Check #: <u>429</u>

Notice Fee: 0.00 Ret. Check Fee: 0.00

Received from Kiley Velma / Jacqueline - Via Counter: \$3617.86

Accorded from Achery Vollman one-question via Countern about 100

TOTAL TAXES PAID TO DATE: \$3617.86 PAID IN FULL

Printed on: 05/11/2020 10:44:10 AM



**RP-556** 

(12/19)

## Application for Refund or Credit of Real Property Taxes

Part 1 – General information: To be completed in duplicate by the applicant.

Part I - General Information	on. To I	Je COI	iipieteu iii uup	ilicate by the	applica	111.		
Names of owners								
Velma P Kiley					·			
Mailing address of owners (number and str	eet or PO b	ox)		Location of property (street address)				
217 Fish Rd								
City, village, or post office	State	)	ZIP code	City, town, or village	ge		State	ZIP code
Oak Hill		NY	12460					
Daytime contact number	Evening co	ntact nur	nber	Tax map number of	section/bloc	k/lot: Property ide	ntification (see t	ax bill or assessment roll)
				1821-24				
Account number (as appears on tax bill)		Amount	of taxes paid or payab	le	Date of pa	yment		
862		3,556.7	<b>'</b> 3		01-10-20	018		
Reasons for requesting a refund or credit: Incorrect percentage was entered Please process this RP-556 Refu		Disability	/ Exemption 4114	0. Incorrect ar	nount 10,	196.00 correc	cted amoun	t 20,393.00.
I hereby request a refund or credit	of real p	roperty	Da	(County, city	aerville , village, etc		e year(s) <u>2</u>	
Part 2 – To be completed by documentation and recomm Section 550 under which the	endatio	n. Špe			paragra			
Last day for collection of taxes without inter	D est 1	030	17218	Recommendation	3 3	11201 M	8	
Signature of official	N		10010	Appro	ve applic	Date	$\frac{Deny}{Deny}$	application \( \begin{array}{c} \lambda \text{Q} \\ \ext{Q} \ext{Q} \ext{Q} \ext{Q} \ext{Q}
* If this application is approved, an attachments, to the assessor and current roll (Form RP-553).	d the san	ne error assess	appears on a cu sment review. The	rrent assessme ey must treat th	ent roll, se is applica	end a copy of tion as a peti	this form, ir	ocluding all correction of that
Part 3 – For use by the tax I		_		signated by	resolu	ition	number or d	ate, if applicable)
<b>Application approved</b> (Mark an <b>X</b>	in the ap	plicable	e box):					
Clerical error En	ror in ess	ential fa	act	Unlawful	Entry _	]		
Amount of taxes pair 3550	13	Amour	nt of taxes due	13504	9	mount of refund o	or credit 🐒	206.24
Application denied (reason):								ada alifa a sa a
		,, , , , , , , , , , , , , , , , , , ,			*******			
Signature of chief executive officer or officia	l designated	by resol	ution			Date		

#### TOWN OF RENSSELAERVILLE: TOWN & COUNTY 2018 TAXES

WARRANT DATE: 12/30/2017 STATE AID - COUNTY: \$73,498,642.00 TOWN: \$0.00 FISCAL YEAR: 01/01/2018 to 12/31/2018 BANK **BILL NUMBER** PAGE MAKE CHECK PAYABLE TO: 000862 1 OF 1

VICTORIA H. KRAKER TOWN CLERK\TAX COLLECTOR 87 BARGER ROAD MEDUSA, NY 12120

TO PAY IN PERSON:

Town Hall Monday - Wednesday 9:00 AM - 3:30 PM Thursday 9:00 AM - 6:30 PM Friday 9:00 AM - 1:00 PM

PROPERTY INFORMATION:

TAX MAP #: 013600 182.-1-24

DIMENSION: 92.40 acres

1 CLASS: Res Multiple RS:

ADDRESS: 217 Fish Rd SCHOOL: Cairo-Durham

439612.00 **FULL MARKET VALUE:** 

ASSESSMENT:

61.85 UNIFORM % OF VALUE: 271900

Kiley Velma P 217 Fish Rd Oak Hill, NY 12460

PROPERTY OWNER:

Full Value Tax Purpose Value Exemption VET COM CT 37,110 16994.00 27476.000 C/T VET DIS CT 74, 220 C/T 10196:00 16485.000 OV65-ALL 20393.00 32972.000 C 20393.00 32972.000 T OV65-ALL

#### RECEIPT

If you feel the assessment on your property is too high, you have the right to file a grievance to lower it for future tax bills. For information, please contact your assessor for the booklet "How to File a Complaint on Your Assessment" and to inquire about exemptions. Any reduction in assessment will NOT be reflected on this bill.

LEVY DESCRIPTION	TAX LEVY	% Change From Prior YR Levy	RATE	TAXABLE	VALUE	AMOUNT	DUE
COUNTY PURPOSES	788871	-5.7000	5.98233700	140,177	2 <del>24317.</del> 00	838.59	1 <del>34</del> 1.94
TOWN+HIGHWAY 2,3,4	577626	-14.1000	4.31099100		2 <del>24</del> 317.00	604.30	967.03
HIGHWAY 1	541611	37.7000	4.04219400		224317.00	566.63	9 <del>0</del> 6.73
PRESTON HOLLOW FIRE	58700	0.1000	1.25425600	1	271900.00		341.03
		Т	OTAL TAXEST	HIE RV JANIJ	RV 31 2018		\$3556.73

#### **PAYMENTS RECEIVED**

Receipt#: 194 Date Paid:01/10/2018 **Full Payment** Tax: 3556.73

Surcharge: 0.00 Penalty: 0.00

0.00 Check #: 305 Cash: Check: 3556.73

Notice Fee: 0.00

Ret. Check Fee: 0.00

Received from Kiley Velma P - Via Counter: \$3556.73

TOTAL TAXES PAID TO DATE: PAID \$3556.73

Printed on: 05/11/2020 10:43:54 AM



### APPLICATION FOR ALTERNATIVE VETERANS EXEMPTION FROM REAL PROPERTY TAXATION

100.00A

(General information and instructions for completing this form are contained in Form RP-458-a-Ins)

Day No. (518) 239-4705	
Day No. (518) 239-4705	217 Fish Kd.
	OAK H://
Evening No. ( )	
	1VV 12460
Street address  OAK H.//  City/Town  Property identification (see tax bill or a	Village (if any)  assessment roll)
Tax map number or section/block/lot	
5. Indicate branch of veteran's service and dates of active service:   6. Was the veteran discharged or released from the active service und  7. Did the veteran serve in a combat zone or combat theater?   Ye If Yes, where did the veteran serve and when was such service performs.	(Attach written evidence) der honorable conditions? XYes No  (Attach written evidence)
(Attach written evidence	e)
8. Has the veteran received, or did the veteran receive prior to his/her United States Veterans' Administration or from the United States service connected disability? Yes No	death, a compensation rating from the Department of Defense as a result of a
If Yes, what is (was) the veteran's compensation rating? 60	(Attach written evidence showing the date such rate was established)
Is this rating permanent? X Yes No	· ·
If No, did the veteran die in service of a service connected disability	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·
Is this property the primary residence of the veteran or unremarried	in the owner of the property and absent from
the property due to medical reasons or institutionalization? Ye	
the property due to medical reasons or institutionalization?	
the property due to medical reasons or institutionalization? Yes.  1. Is the property used exclusively for residential purposes?	
Is the property used exclusively for residential purposes?	<u> </u>
The property due to medical reasons or institutionalization?Ye	<u> </u>



January 18, 1982

Mr. John E. Kiley RD # 1 Oak Hill, New York 12460



This is to certify that John E. Kiley, is an honorably dischared veteran of the United States Armed Forces, and has service connected disability evaluated at 60 percent.

eterans Services Officer

In Reply Refer To: 306A/272K1