



2018 Tax Relief Application

Application must be filed by September 1st

Marilyn K. Gillette

Tooele County Clerk/Auditor
 47 S. Main, Suite #318, Tooele, UT 84074
 Phone: 435-843-3148 * Fax: 435-882-7317
www.co.tooele.ut.us/Auditor/abatements.htm

Please file early. We may need additional documents from you!

For Office Use Only	
ID#:	_____
Abate Type:	_____
Ownership:	_____
Initials:	_____
Scanned:	<input type="checkbox"/>
Entered:	<input type="checkbox"/>

1. Please check the type(s) of relief you are applying for, Fill in #2-13, as well as the corresponding block color.

<input type="checkbox"/> Veteran	<input type="checkbox"/> Blind	<input type="checkbox"/> Active Military	<input type="checkbox"/> Low Income	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Vehicles Only
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2. _____
 Applicant's Last Name First Name Middle Name Date of Birth Social Security Number

3. _____
 Spouse's Last Name First Name Middle Name Date of Birth Social Security Number

4. _____
 Address City & State Zip Code Phone Number

5. _____
 Primary Residence Parcel Number Primary Residence Value Mobile Home Account Number (Include Year, and Make)

- 6. Yes No Did you own this property as of January 1, 2018? (Does not apply if Item 16 applies)
- 7. Yes No Is this property your primary residence? *County may require verification of residency.*
- 8. Yes No Have you filed for any Tax Relief this year in another county or state?
- 9. Yes No Is your property in a Trust Agreement? *A current copy of the Trust must be on file in our office.*
- 10. Yes No If yes, were there any changes to the trust in the past year?
- 11. Yes No Does your property exceed one acre? If yes, total number of acres: _____
- 12. Yes No Do you rent out a portion of your home? If yes, what percent is rented? _____ %
- 13. Yes No Do you use part of your home for business? If yes, what percent is business? _____ %

<p>VETERAN WITH DISABILITY EXEMPTION UCA 59-2-1104/1105</p> <p>14. Enter Your Service Related/Unemployable Disability Rating Here: <input type="text"/> %</p> <p>15. <input type="checkbox"/> I am a veteran disabled as a result of military service, OR</p> <p>16. <input type="checkbox"/> I am an unmarried spouse/minor orphan of a deceased disabled veteran who served in the military.</p> <p><i>A Supplemental Affidavit for unmarried widow(er) or minor orphan must be on file in our office.</i></p>	<p><i>A Certificate of Discharge (DD214) and a statement issued by a military entity with % of disability or unemployable rating must be on file</i></p>
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*Personal Property Exemptions for disabled veteran or blind applicants (vehicles, etc.)
 Contact Treasurer's office 435-843-3190*

<p>BLIND EXEMPTION UCA 59-2-1106</p> <p>17. <input type="checkbox"/> I am legally blind in both eyes, OR</p> <p>18. <input type="checkbox"/> I am an unmarried spouse/minor orphan of a deceased blind person.</p> <p><i>A Supplemental Affidavit for unmarried widow(er) or minor orphan must be on file in our office.</i></p>	<p><i>A signed statement by a licensed ophthalmologist must be on file in our office verifying 20/200 visual acuity in the better eye; or a field of vision restriction with subtended angle of vision no greater than 20 degrees.</i></p>
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<p>ACTIVE DUTY MILITARY EXEMPTION UCA 59-2-1104/1105</p> <p>I was a member of an active or reserved Armed Forces component of the military</p> <p>19. <input type="checkbox"/> deployed for at least 200 calendar days outside the state in 2017; OR</p> <p>20. <input type="checkbox"/> deployed for 200 consecutive days outside the state during 2016-2017.</p> <p><i>Evidence of the "qualifying active duty military service" must be on file in our office.</i></p>	<p>21. Qualifying Deployment Dates</p> <table border="1"> <tr> <th>From</th> <th>To</th> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	From	To	_____	_____	_____	_____	_____	_____
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LOW INCOME ABATEMENT/HOMEOWNER'S TAX CREDIT UCA 59-2-1107/1108/1109/1206/1207/1208

22. []Yes []No Will you be age 66 or older before December 31, 2018?
 23. []Yes []No If under age 65, are you an *unmarried* widow or widower?
 Date of spouse's death: _____ **A copy of death certificate must be on file in our office.**
 24. []Yes []No If under age 65, are you disabled? **Attach a medical statement signed by your doctor.**
 25. []Yes []No If under age 65, are paying taxes an extreme hardship? **Request a Hardship Application.**
 26. []Yes []No Will you reside at this address for 10 months out of the year?
 If "No" please explain: _____
 27. []Yes []No Will you live in Utah for the entire year of 2018?
 28. []Yes []No Were you financially self-supportive in 2017? (*No one claimed you as a dependent on a tax return.*)
 29. []Yes []No Do you own any other Real Estate? If "Yes" please list: _____

30. []Yes []No Do you own any other assets including savings accounts, certificates of deposits, etc.?
 If yes, list type of assets and balances: _____
 31. Total household members living in the home during 2017 _____ Include their incomes in lines 32-38 below.
 Name Age Relationship Name Age Relationship

2017 GROSS INCOME – INCLUDE INCOME FROM ALL HOUSEHOLD MEMBERS

32. Social Security, railroad retirement benefits and/or other government assistance	\$
33. Gross wages, salaries, tips, and/or other compensation	\$
34. Pensions, annuities, IRAs (taxable/non-taxable), V.A. disability benefits and/or trust income	\$
35. Welfare, unemployment, worker's compensation, alimony and/or strike benefits	\$
36. Interest and/or dividends (taxable/non-taxable)	\$
37. Other income (Specify: business, rental, farm, capital gains, etc.)	\$
38. TOTAL 2017 GROSS HOUSEHOLD INCOME (Add lines 32 through 38)	\$

Attach Documentation (i.e. federal tax returns with all schedules) to verify that the total household income is \$32,738 or less

OATH AND SIGNATURE

Under penalties of perjury, I declare that I am a lawful resident of Tooele County and a legal U.S. citizen. To the best of my knowledge and understanding, the information supplied on this application and all documents attached are true, correct and complete. I have included the income from all members of the household and authorize Tooele County to inspect and/or receive tax information on household members from any office of the IRS or the Utah State Tax Commission as well as records from any financial institution. **If someone other than the applicant is signing the form, attach a copy of the Power of Attorney**

Official County Use Only		
Description	Primary Residence	Personal Property
ID Number		
Taxable Value		
Value Exempted		
Tax Amount		
Blind/Veteran		
Homeowner 20%		
Circuit Breaker		
Low Income Abate		
Net Tax Due		
County Approval	Initial:	Date:

Date: _____
 Applicant's Signature: _____

 Spouse's Signature: (if home is owned in joint tenancy)
 Name of Preparer: _____
 Full Address: _____
 Telephone Number: _____
 Signature of Preparer: _____

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