



DUCHESNE COUNTY 2015 TAX RELIEF APPLICATION

ONLY PRIMARY RESIDENCE AND UP TO 1 ACRE

WILL BE ELIGIBLE FOR EXEMPTIONS

For County Use Only

Tax Amount
Blind &/Or Veteran
Circuit Breaker
Additional 20%
Low Income Abatement
Net Tax Due

Please **CIRCLE** the type(s) of relief you are applying for:

Veteran Active Military Circuit Breaker/Abatement
Blind Mobile Home

Applicant Last Name	First Name	Middle Name	Date of Birth	Social Security Number
Spouse's Last Name	First Name	Middle Name	Date of Birth	Social Security Number
Mailing Address	City	State	Zip Code	Phone Number

Parcel/Account Number

OR

Mobile Home (List Year, Make & Serial #)

YES NO Did you own this property as of January 1, 2015?
YES NO Have you been living in your home since January 1, 2015
YES NO Is your property in a Trust Agreement? **If yes, you must provide a copy for our office if we don't have one.**
YES NO Have you filed for any tax relief this year in another county?
YES NO Do you plan on filing for any tax relief in another county?

CIRCUIT BREAKER AND ABATEMENT EXEMPTION

YES NO Will you be age 66 or older before December 31, 2015?
YES NO If under age 66, are you an unmarried widow or widower? If you answered yes, please enter the month and year of spouse's death: _____. A copy of the death certificate must be on file in our office.
YES NO Will you reside at this address for 10 months out of the year? If no, please explain. _____
YES NO Will you live in Utah for the entire Year of 2015?
YES NO Were you financially self-supportive in 2014?
YES NO Does your property exceed one acre? If yes, how many acres? _____
YES NO Do you rent out a portion of your home?
YES NO Do you use a part of your home for business?

2014 GROSS INCOME - For Circuit Breaker and Abatement Applications Only

INCLUDE INCOME FROM **ALL** HOUSEHOLD MEMBERS

MUST ATTACH COPY OF VERIFIED INCOME DOCUMENTATION

Wages, Salaries, Tips, Other Compensation, Oil Royalties	\$
Total Interest, Dividends (Taxable & Non-Taxable)	\$
Pensions, Annuities, (Includes IRA's)(Taxable & Non-Taxable)	\$
Social Security, Railroad Retirement (Taxable & Non-Taxable)	\$
Capital Gains, Loss Carry Forwards.	\$
Government Assistance	\$
Unemployment, Workers Comp	\$
Business, Rental, Farm Income. Must Show Copy On Income Tax Return	\$
Other Income (Alimony, Child Support ETC. Provide Supporting Documentation)	\$
TOTAL 2014 GROSS HOUSEHOLD INCOME	\$

List All Other Persons Living in Household

Name	Age	Relationship	Name	Age	Relationship
Name	Age	Relationship	Name	Age	Relationship
Do you own any other Real Estate? [] YES [] NO If yes, please list location: _____					
Do you own any other assets including; savings account, certificate of deposits, etc.? [] YES [] NO					
If yes, please list type of assets, current balances, and institute where asset is held. _____					

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VETERAN WITH DISABILITIES EXEMPTION – Must be a service connected disability

A form from the VA or military branch showing % of disability or unemployable rating must be filed with our office.

☐ I am a veteran, disabled as a result of military service.

☐ I am an unmarried spouse or minor orphan of a deceased veteran with disabilities who served in the military forces of the United States or of this State (must provide a death certificate).

Enter your service related/unemployable disability rating.

%

Parcel/Account Number	Real/Personal Property	Taxable Value	Exempt Taxable Value	Taxable Value Balance	Exempt Tax Dollars

ACTIVE or RESERVE MILITARY SERVICE EXEMPTION

Applicant must have served on active duty **outside** of the State Of Utah for 200 days in a calendar year or 200 consecutive days **outside** of the State Of Utah beginning in the prior year.

You must file on or before Sept 1 of the year **after** the year of qualifying service. Qualifying service begins on Jan. 1, 2013.

Verifying military documentation including orders for qualifying active duty service must accompany this application.

Real/Personal Property	Parcel/Account Number	Taxable Value	Exempt Taxable Value	Taxable Value Balance	Exempt Tax Dollars

BLIND EXEMPTION

A signed statement by a licensed ophthalmologist for verification must be on file in our office.

☐ I am legally blind in both eyes.

☐ I am an unmarried spouse or minor orphan of a deceased blind person (must provide a death certificate).

Real/Personal Property	Parcel/Account Number	Taxable Value	Exempt Taxable Value	Taxable Value Balance	Exempt Tax Dollars

FILING DEADLINE IS September 1, 2015

Check one (providing false information subjects the signer to penalties for perjury):

1. ☐ I am a U.S. citizen and have provided my Social Security Number on the front of this form.

2. ☐ I qualify under 8 U.S.C. 1641 and I am present in the U.S. lawfully. I-94 Number*: _____

Under penalties of perjury, I declare that I am a U.S. citizen OR that I qualify under 8 U.S.C 1641 and am present in the United States lawfully. I also declare under penalties of perjury, to the best of my knowledge and understanding, this information is true, correct and complete.

Applicant/ Preparer's Information

Signature of Applicant

Date

Preparer's Name & Address (If not applicant)

Telephone Number

JOANN EVANS
Duchesne County Clerk – Auditor
PO Box 910
Duchesne, Utah 84021

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