Veteran with a Disability Property Tax Exemption Application

UCA §59-2-1104 and 1105 Form PT-030 Rev. 4/11

The deadline for filing this application with your county of residence is September 1

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Section 1 – Claimant Informati	ion				the office of the second of th
Claimant's last name	Claimant's first name		Middle initial	Birth date	Social Security Number
Spouse's last name (if spouse is living)	Spouse's first name		Middle initial	Birth date	Social Security Number
Address	City	County	State	ZIP Code	Daytime phone number
Enter the property tax serial or account number(l s) from your previous prop	l perty tax billing	notice	<u> </u>	
Section 2 – Additional Informa	ntion				
Applicant is a:	with a disability	Unmarried disability ar			of a veteran with a ran
Date of disability:	an. 1, 1921	On or after			
Percentage of disability:		<u>%</u>			
Primary Residence Value: \$		(from v	aluation no	otice)	
Did you own this property on January 1 Have you applied for a veteran's exem			∕es ∕es	No No	
 during any war, international conflict state. If the veteran is 100 percent disable section shows a lesser percentage exemption amount except that no extended the confliction of the unmarried surviving spouse or duty is entitled to the total taxable of property that is held exclusively for The county may ask for verification Applicant must attach a copy of "Copercentage of disability (with initial) 	ed, the full current ye of disability, the exe exemption is allowed minor orphans of a value of the claimant personal use and ar of residency.	ear exemption imption allow for any disa veteran who 's primary re re not used i	on is allowe ved is that ability below was killed esidence ar n a trade o	ed. If the ce percentage v 10 percer in action o nd the tangi r business.	rtificate under this e of the current year nt. r died in the line of ible personal
Section 3 – Certification and S	ignature				
Under penalties of perjury, I declare to correct, and complete. I further testify the					
Signature of claimant				Dat	e
Signature of spouse				Dat	de
Preparer's name, address, and telephone number	er (if not claimant)				<u> </u>

Name of county	Date					
Property information and value (see instructions below)						
		Personal Property*	Property* Pr			
. Account	or parcel number					
. Taxable	property value	\$	\$			
. Value ex	empted	\$	\$			
. Original t	ax amount	\$	\$			
. Veteran e	exemption credit	\$	\$			
. Net tax d	lue	\$	\$			
County official's	approval			Date		

Instructions for County Use

- **Line 1** Enter the property account or parcel identification number.
- **Line 2** Enter the amount of taxable property value from the assessment roll.
- **Line 3** Enter the amount of value to be exempted.
- NOTE: If Claimant has received a veteran exemption for property owned in another county, the value exempted in the other county must be subtracted from claimant's total exemption amount.
- **Line 4** Enter original tax amount by multiplying line 2 by the applicable tax rate.
- **Line 5** Enter the amount of credit allowed by multiplying line 3 by the applicable tax rate.
- **Line 6** Calculate net tax due by subtracting line 5 from line 4.

Application receipt must be provided within 30 days

^{*}Personal Property that is held exclusively for personal use and is not used in a trade or business.