

Bonnie Gehre
Millard County Auditor
 Phone: (435) 743-5227
 Fax: (435) 743-8019
 bonnieg@co.millard.ut.us



Millard County
 50 South Main Street
 Fillmore, Utah 84631-5504
 www.millardcounty.org

2017 TAX RELIEF APPLICATION

Filing Deadline is September 1, 2017

1. Please check the type(s) of relief you are applying for: Circuit Breaker Indigent Abatement Deployed Military
 Disabled Veteran Blind

2. _____
 Applicant's Last Name First Name Middle Initial Date of Birth Social Security Number

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

4. _____
 Address City & State Zip Code Telephone Number

5. _____ OR _____
 Parcel Number of Real Property Mobile Home Personal Property Account Number

6. Yes No Did you own this property as of January 1, 2017?
7. Yes No Have you filed for any tax relief this year in another county or state? If yes, where? _____
8. Yes No Is your property in a Trust Agreement? *If yes, a copy of the Trust must be on file in our office.*
9. Yes No Is your home located on property exceeding one acre? If yes, what is the total number of acres: _____
10. Yes No Do you rent out a portion of your home? If yes, what percent is rented? _____
11. Yes No Do you use a part of your home for business? If yes, what percent is business? _____

CIRCUIT BREAKER AND INDIGENT ABATEMENT

12. Yes No Will you be age 66 or older before December 31, 2017? If not, attach an owner's statement of circumstances and request for relief.
13. Yes No If under age 66, are you an un-remarried widow or widower? If yes, spouse's date of death: _____
14. Yes No Will you reside in the home for which you are applying for relief for at least 10 months out of the year?
15. Yes No Will you live in Utah for the entire year of 2017?
16. Yes No Did you furnish your own financial support for 2016? *(No one claimed you as a dependent on a tax return.)*

2016 GROSS INCOME – INCLUDE INCOME FROM ALL HOUSEHOLD MEMBERS

17. Social Security, railroad retirement benefits, and/or other government programs \$ _____
18. Gross wages, salaries, tips, and/or other compensation \$ _____
19. Pensions, annuities, V.A. disability benefits, and/or trust income \$ _____
20. Welfare, unemployment, alimony, and/or strike benefits \$ _____
21. Interest and/or dividends (taxable and non-taxable) \$ _____
22. Other income (rental income, capital gains, sale of property etc.) Please specify \$ _____
23. TOTAL 2016 GROSS HOUSEHOLD INCOME (Add lines 17 through 22) \$ _____

You Must Attach Copies of 2016 Income Tax Returns or Other Income Documents to Verify the Above Amounts

24. Please list all household members living in the home during 2016. Include their name, age, and relationship to applicant.
 Their income must be included in lines 17 through 23 above. _____

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

25. I am legally blind in both eyes. OR I am an un-remarried spouse or minor orphan of a deceased blind person.

VETERAN WITH DISABILITIES EXEMPTION A form from V.A. or military branch showing % of disability or unemployable rating must be on file in our office.

26. Enter your service related/unemployable disability rating here: _____%

27. Yes No Is this property your primary residence?

28. I am a veteran disabled as a result of military service. OR I am an un-remarried spouse or minor orphan of a deceased veteran

DEPLOYED MILITARY EXEMPTION Evidence of the eligible deployed military service must be on file in our office.

29. Yes No Is this property your primary residence?

30. I was a military member in the military forces of the United State or this State, deployed for at least 200 calendar days in 2016, OR deployed for 200 consecutive days across 2016-2017. (If so, please submit your application in 2018.)

Under penalties of perjury, I declare that I am a lawful resident of Millard County and to the best of my knowledge and understanding, the information provided 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 Millard 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.

Applicant's Signature _____

Date _____

Spouse's Signature _____

Date _____

If someone other than the applicant is preparing and/or signing the form, please attach a copy of the Power of Attorney

**** FOR OFFICE USE ONLY ****

Property Tax Credit				
2016 Household Income	Maximum Homeowner Tax Credit	Disabled Veteran's Exemption	Active Duty Armed Forces Exemption	Blind Exemption
\$0 - \$10,913	\$ 951 50 %	_____ % x \$255,301 \$ _____ in taxable value	Credit equals total taxable value of PRIMARY RESIDENCE (no personal property)	\$11,500 in taxable value
\$10,914 - \$14,553	\$ 829 45 %			
\$14,554 - \$18,190	\$ 711 40 %			
\$18,191 - \$21,828	\$ 533 35 %			
\$21,829 - \$25,468	\$ 415 30 %			
\$25,469 - \$28,890	\$ 237 25 %			
\$28,891 - \$32,101	\$ 117 20 %			

Abatement of Real Property- Primary Residence Only		Abatement of Vehicles and/or Personal Property				
1- Tax amount		1-Vehicle Information				
Circuit Breaker		2-Uniform fee or tax amount				
3- 20 % of Market		3-Tax Rate (area of residence)				
4- County Abatement		4-Balance Available				
5- Veteran/Blind Abatement		5-Taxable Value				
6- Net Tax Due		6-Balance after abatement				
Initial/Date:		7-Abatement Amount				
		Initial/Date:				