

Millard County Auditor  
Bonnie L. Smith  
50 South Main Street  
Fillmore, UT 84631  
(435) 743-5227  
Fax (435) 743-8019

**2024 GENERAL TAX RELIEF**  
<https://millardcounty.org/your-government/elected-officials/auditor/abatement-form/>



OFFICE USE:

*Please file early. We may need Additional documents from you.*  
**ALL APPLICATIONS MUST BE SUBMITTED BY SEPTEMBER 1<sup>ST</sup>, 2024.**

**APPLICANT**

1. \_\_\_\_\_  
Last Name First Middle

2. \_\_\_\_\_ 3. \_\_\_\_\_  
Date of Birth Social Security Number

4. \_\_\_\_\_  
Email

5. \_\_\_\_\_  
Applicant Phone Number

**CO-OWNER**

6. \_\_\_\_\_  
Last Name First Middle

7. \_\_\_\_\_ 8. \_\_\_\_\_  
Date of Birth Social Security Number

9. \_\_\_\_\_  
Email

10. \_\_\_\_\_  
Co-Owner Phone Number

11. \_\_\_\_\_  
Parcel Number/Account Number

12. \_\_\_\_\_  
Address City & State Zip Code

13.  Yes  No Is this property your primary residence? **(County may require residency verification.)**

14.  Yes  No Did you own this property as of January 1, 2024?

15.  Yes  No is your property in a Trust Account? **(If yes, a copy of the Trust must be on file in our office.)**  
If yes, were there any changes to the trust in the past year?  Yes  No (Please include copy of changes)

16.  Yes  No Have you filed for any Tax Relief this year in another county or state?  
If yes, prior address: \_\_\_\_\_

**CIRCUIT BREAKER & ABATEMENT (17-24)**

17.  Yes  No Will you be age 66 or older before December 31, 2024?

18.  Yes  No Are you an unmarried widow or widower?  
If yes, month and year of spouse's death: \_\_\_\_\_ **(First time applicants please submit copy of death certificate)**

19.  Yes  No Are you disabled? **(Submit additional form: Medical Statement signed by doctor if we don't have on file)**

20.  Yes  No Are paying taxes an extreme hardship? **(Submit additional form: Hardship Letter)**

21.  Yes  No Will you live in Utah for the entire year of 2024?

22.  Yes  No Will you reside at this address for 10 months out of the year?  
If you answered "No" please explain: \_\_\_\_\_

23.  Yes  No Did anyone claim you on their 2023 tax return? (Do you rely on someone else for financial support?)

24.  Yes  No Do you own any Real Estate? If yes, please list addresses: \_\_\_\_\_

**Please complete the Financial Information section (31-39) on the back of this form and submit supporting documents.**

**SELLING YOUR HOME THIS YEAR? CONTACT US FIRST FOR MORE INFO!**

## BLIND EXEMPTION (25 &26)

25.  Yes  No I am legally blind in both eyes. (A verification statement signed by a licensed ophthalmologist must be attached or on file in our office)

OR 26.  I am an unmarried spouse or minor orphan of a deceased blind person. NOTE: If you checked box 26, please file a copy of the death certificate with the Auditors Office.

**You do not need to complete the financial information below for the Blind Exemption.**

**For blind exemption on personal property (cars, trailers, etc.) please contact our office.**

## SENIOR TAX DEFERRAL (27-30) NEW FOR 2024

27.  Yes  No Will you be age 75 or older by December 31,2024? **(Submit proof of age.)**

28.  Yes  No Have you owned your primary residence for a continuous 20-year period as of Jan 1 this year?

29.  Yes  No Is there a mortgage (including reverse mortgage) or other trust deed on the property?

30.  I understand that the Senior Tax Deferral program does not reduce my property taxes. My property taxes will accrue, with interest, and the accrued amount will be due when the property is no longer my primary residence.

**Please complete the Financial Information section below and submit supporting documents.**

## FINANCIAL INFORMATION (31-39) – Must include 2023 income documents. See below.

31. Please list all household members living in the home during 2024. Include their income in lines 33-39 below.

Name	Age	Relationship	Name	Age	Relationship
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

32. If applying for the Abatement or Senior Tax Deferral Program, please list any liquid asset balances.

Savings	Checking	Cash on Hand	CD & Money Market	Other
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

**2023 GROSS INCOME – INCLUDE INCOME FOR YOU & ALL PEOPLE LISTED IN ITEM #31.**

**You Must Attach 2023 Income Documents to Verify These Amounts.**

33. Social Security, railroad retirement benefits and/or other government programs.	\$ _____
34. Gross wages, salaries, tips, and/or other compensation.	\$ _____
35. Pensions, annuities, V.A. Disability benefits and/or trust income.	\$ _____
36. Welfare, unemployment, alimony, IRA disbursements and/or strike benefits.	\$ _____
37. Interest and/or dividends (taxable and non-taxable).	\$ _____
38. Other Income (Specify: rent, capital gains etc.)	\$ _____
39. TOTAL 2023 GROSS HOUSEHOLD INCOME (Add lines 32 through 37)	\$ _____

## OATH AND SIGNATURE (40-42) **ALL DOCUMENTS MUST BE SUBMITTED BY: September 1<sup>ST</sup>**

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 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 Millard County to inspect and/or receive tax information on household members from any office of the IRS or the State Tax Commission as well as records from any financial Institution.

40. Applicant's Signature: \_\_\_\_\_ 41. Co-Owner's Signature: \_\_\_\_\_

42. Date: \_\_\_\_\_ **A signed Application Needs to Be Filed Each Year by Sep. 1<sup>st</sup> To Qualify for The Tax Relief Programs**

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

Name of Person Preparing This Form: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Address: \_\_\_\_\_