Bonnie L. Smith Millard County Auditor Phone: (435) 743-5227

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2024 TAX RELIEF APPLICATION

Filing Deadline is September 1, 2024

	Applicant's Last Name	First Name	Middle Initial	Date of Birth	Social Security Number						
	Spouse's Last Name	First Name	Middle Initial	Date of Birth	Social Security Number						
••	Address	City & State		Zip Code	Telephone Number						
i.		6		7							
•	Parcel Number of Real Property	Residence	Value	BLIND ONLY: Ta (From valuatio	ngible Personal Property Value n notice) (Optional)						
8.	\Box Yes \Box No Have you filed	l for any tax relief	this year in anothe	r county or state? If ye	es, where?						
9.	□ Yes □ No Is your proper	ty in a Trust Agree	ement? <u>If yes, a co</u>	py of the Trust must be	<u>e on file in our office</u> .						
1(). \Box Yes \Box No (Blind only) I d	owned and resided	l on this property of	n Jan 1, 2024.							
11	$1.\Box$ Yes \Box No (Military only)	I owned and resid	ded on this propert	y on September 1, 2024	4.						
<u>u</u>	 3. □ Yes □ No Is this property your primary residence? A form from V.A. or military branch showing % of disability or nemployable rating must be attached or on file in our office. If the % of disability changes, please send an updated copy. OFFICE USE: 4. Enter your service related/unemployable disability rating here:% [□ VERIFIED (VA Doc on file)] 5. □ Yes □ No Is this property your primary residence? 6. □ I am a veteran disabled as a result of military service. OR □ I am an un-remarried spouse or minor orphan of a deceased 										
1	eteran DEPLOYED MILITARY EXEMPTION Evidence of the eligible deployed military service must be attached or on fil										
1 v	<u>JEI LOTED MILITAKI I</u>										
1 v <u>0</u>	<u>ur office</u> .			7. \Box Yes \Box No Is this property your primary residence?							
1 V <u>I</u>	<u>ur office</u> .	ty your primary re	esidence?								
1 V <u>I</u> 0 1	<i>ur office</i> . 7. □ Yes □ No Is this proper			or this State, 🗆 deploy	yed for at least 200 calendar days ir						

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					
	Blind Exemption	Disabled Veteran's Exemption	Active-Duty Armed Forces Exemption		
	\$11,500 in taxable value	% x \$505.548	Credit equals total taxable value of		
		\$ in taxable value	PRIMARY RESIDENCE (no personal property)		

A Disability Benefit 2024		Abatement of Vehicles and/or Personal Property				7
2023	\$505,548			icies anu/or re	isonal i toperty	,
10%	\$50,555	1-Vehicle				
15%	\$75,832	Information				
20%	\$101,110	2-Uniform fee or tax				
25%	\$126,387	amount				
30%	\$151,664	3-Tax Rate				
35%	\$176,942	(area of residence)				
40%	\$202,219	(area of residence)				
45%	\$227,497	4-Balance Available				
50%	\$252,774	+-Dalance Available				
55%	\$278,051					
60%	\$303,329	5-Taxable Value				
65%	\$328,606					
70%	\$353,884	6-Balance after				
75%	\$379,161	abatement				
80%	\$404,438	7-Abatement				
85%	\$429,716	Amount				
90%	\$454,993					1
95%	\$480,271	Initial/Date:				
100%	\$505,548					

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

ALL: The county may ask for verification of residency.

BLIND: *The first \$11,500 of taxable value of real and tangible personal property in this state owned by blind persons, their unmarried surviving spouses, or their minor orphans is exempt from taxation.

*The first year's application shall be accompanied by a statement signed by a licensed ophthalmologist verifying that:

(a) has no more than 20/200 visual acuity in the better eye when corrected; or

(b)has, in the case of better than 20/200 central vision, a restriction of the field of vision in the better eye which subtends an angle of vision no greater than 20 degrees.

VETERAN *The unmarried surviving spouse or minor orphans of a veteran who was killed in action or died in the line of duty is entitled to the total taxable value w/DISABILITY: of the claimant's primary residence and the tangible personal property that is held exclusively for personal use and are NOT used in a trade or business.

"Military" includes: United States Army, Navy, Air Force, Marine Corps, or the Coast Guard OR the reserve components of the Army National Guard, ACTIVE DUTY: Army Reserve, Navy Reserve, Marine Corps Reserve, Air National Guard of the US, Air Force Reserve and the Coast Guard Reserve. "Qualifying active duty" means: At least 200 days in a continuous 365-day period, regardless of whether consecutive, of active duty military service outside the state in an active component of the US military (see above explanation) and have not previously been counted for the purpose of qualifying for the exemption.

Application must be filed in the year after the year during which claimant completes service.

A SEPARATE application is required for each qualifying period of service, filed annually, as applicable.