

**STATE OF WYOMING
VETERANS PROPERTY TAX EXEMPTION APPLICATION**

LAST NAME	FIRST NAME	M.I.
MAILING ADDRESS		
CITY	STATE WY	ZIP

PLEASE FILL IN THE INFORMATION BELOW. CHECK ALL BOXES THAT APPLY.

SECTION 1. (All applicants must complete this entire section)

a.	<input type="checkbox"/> YES <input type="checkbox"/> NO	I am applying for the veterans exemption in _____ County for Tax Year 2007, and this county is the <u>only</u> county in Wyoming in which I have applied for the exemption for tax year 2007.
b.	<input type="checkbox"/> YES <input type="checkbox"/> NO	I am a bona fide Wyoming resident, and have been so for at least three years.
c.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<p><u>One or more of the statements below is true</u> (check any that are true). I am:</p> <input type="checkbox"/> An honorably discharged veteran of the Second World War, who served in the military between December 7, 1941 and August 14, 1945. <input type="checkbox"/> An honorably discharged veteran of the Korean War emergency, who served in the military service of the United States between June 27, 1950 and July 28, 1953. <input type="checkbox"/> An honorably discharged veteran of the Vietnam War emergency, who served in the military service of the United States between February 28, 1961 and August 15, 1973. <input type="checkbox"/> An honorably discharged veteran who served in the military service of the United States, who was awarded the armed forces expeditionary medal or other authorized service or campaign medal indicating service for the United States in any armed conflict in a foreign country. <input type="checkbox"/> A disabled veteran with a compensable service connected disability certified by the veterans administration or a branch of the armed forces of the United States. <input type="checkbox"/> The surviving spouse of veteran to which one or more of the above provisions in this subsection (c.) would apply. As a surviving spouse, I meet <u>all</u> of the following qualifications: <ul style="list-style-type: none"> • At the time of my spouse's death, both my spouse and I were residents of Wyoming. • I have been a resident of Wyoming for three years at the time of this application. • My spouse would have checked one or more of the statements above in this section as "true." • I have not remarried.



IF YOU ANSWERED "NO" TO ANY OF THE ABOVE 3 STATEMENTS, STOP. YOU DO NOT QUALIFY FOR THE WYOMING VETERANS EXEMPTION.

Section 2.

<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you wish for your veterans exemption to apply to property taxes for your principal residence? If yes, complete the statement below. If no, continue to Section 3.
<input type="checkbox"/> YES <input type="checkbox"/> NO	My principal residence is owned by <u>only</u> me and/or my spouse, or is subject to a trust created by or for the benefit of <u>only</u> my spouse or me. If answered "no", you do not qualify for the veterans exemption on your principal residence.

Section 3.		
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Do you wish for your veterans exemption to apply to motor vehicle registration fees? If yes, complete the statement below.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	The motor vehicle(s) for which I am applying for the veterans exemption is (are) owned by <u>only</u> me and/or my spouse, or is (are) subject to a trust created by or for the benefit of <u>only</u> my spouse or me. If answered "no", you do not qualify for the veterans exemption on your motor vehicle.

Section 4.		
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Have you previously applied for and/or received the veterans exemption in this county in tax year 2007?

Section 5. Veteran's Social Security Number (required): _____ - _____ - _____ SEE PRIVACY ACT NOTIFICATION BELOW
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Section 6. I certify under penalty of perjury that the information entered on this application is true, correct and complete to the best of my knowledge and belief. _____ Applicant's signature	_____ Date
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PRIVACY ACT NOTIFICATION

Requesting Agency: Wyoming Department of Revenue

Why This Notification Is Provided: This notification is required by the Privacy Act of 1974 (P.L. 93-597).

Authority for Collection of Information: The State of Wyoming is required to establish that individuals claiming the Veteran's property tax exemption are not filing in multiple counties during each tax year. The Social Security Number (SSN) is used to uniquely identify the taxpayer as the individual seeking to claim the exemption.

Purpose: The principal purpose for collecting information on this form, including the SSN, is to obtain the information necessary to determine whether a person is eligible for the veterans' property tax exemption under W.S. 39-13-105.

Uses: Disclosure of identifiable information, including your SSN, shall be made to the Department of Revenue, and will be made available by the Department of Revenue to Wyoming County Assessors or County Treasurers for use in tracking the applicant's veterans' exemption claim history. This information may also be disclosed to other agencies in the event of litigation involving relief granted or denied under this program.

OFFICE USE				
Date application received: _____, 2007		Rec'd by _____		
Application <input type="checkbox"/> Approved <input type="checkbox"/> Approved in part <input type="checkbox"/> Denied				
	Account no., GEOPIN, or Vehicle license no.	Assessed value exempted on this application	Mill levy	Tax exempted
Principal residence		\$	0.	\$
Motor Vehicle		\$	0.03	\$
Motor Vehicle		\$	0.03	\$
Motor Vehicle		\$	0.03	\$
TOTALS FOR THIS APPLICATION		\$		\$
Comments:				