

Military Personnel Affidavit for Motor Vehicle Property Tax Exemption

Name: _____

Address: Street Address City State Zip _____

Contact Phone Numbers: _____

Service Branch: _____ Duty Station: _____ Unit: _____

Permanent resident state - as shown on LES: _____

Pursuant to Kansas statute 79-5107(e)(1), not more than two motor vehicles may qualify for exemption from property taxation in Kansas if on the date of individual's application for registration:

Kansas Resident :

- (A) the resident individual is in the full-time military service of the U.S. and absent from the state solely by reason of military orders *A separate exemption may be granted by the Kansas Board of Tax Appeals for RV-titled vehicles pursuant to K.S.A. 79-5121(e.)
- (B) a member of the military service of the U.S. who is mobilized or deployed
- (C) a full-time member of the military service of the U.S. and is stationed in Kansas
- (D) a current member in good standing of the reserve forces of the United State military
- (E) a current member in good standing of the Kansas army or air national guard

Additional Conditions for Kansas resident, both must apply:

- My name is shown on the title as the legal owner of the vehicle(s).
- I claim Kansas as my permanent resident state with the military.

Enter Vehicle Information - Cannot list more than 2:

Vehicle Make _____ Year _____ Model _____ VIN _____ Plate # _____
Vehicle Make _____ Year _____ Model _____ VIN _____ Plate # _____

Non-Kansas Resident - All checkboxes below must apply:

- Kansas is not my permanent resident state with the military.
- My name and/or my spouse's name is shown on the title as the legal owner of the vehicle(s).
- I am in the full-time regular military service of the United States.
- I am absent from my permanent resident state in compliance of military orders AND the personal property is located outside the permanent resident state.
- The personal property being claimed for exemption is not used in or arising from a trade or business.

Signature of Military Person or Authorized Agent: I do hereby certify that the information set forth in this application is true and correct to the best of my knowledge.

Signature of military person or authorized agent _____

Date: _____ Relationship if authorized agent _____

Active military, this form must be accompanied by a copy of your military orders/ORB/ERB and current full month LES

UNIT COMMANDER'S CERTIFICATION

- I certify that the applicant is a member of **Air Guard** or **Army Guard** in good standing in the Kansas National Guard.
- I certify that the applicant is a reservist in good standing

Commander's Printed Name: _____ Date: _____
Signature: _____ Commander's Rank and Unit: _____