



Personal Property Tax Waiver Application

Bob Boyer

Jefferson County Assessor

E-MAIL TO: ppassessor@jeffcomo.org FAX TO: 636-797-5083

DATE _____

LAST NAME _____ FIRST NAME _____ M/I _____ SPOUSE _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHYSICAL ADDRESS (If different from mailing) _____ CITY _____ STATE _____ ZIP _____

PHONE # _____

DID YOU OWN A VEHICLE ON JAN. 1, 2019? Y N DID YOU LIVE IN JEFFERSON CO. JAN. 1, 2019? Y N

DID YOU OWN A VEHICLE ON JAN. 1, 2020? Y N DID YOU LIVE IN JEFFERSON CO. JAN. 1, 2020? Y N

DID YOU OWN A VEHICLE ON JAN. 1, 2021? Y N DID YOU LIVE IN JEFFERSON CO. JAN. 1, 2021? Y N

REASON FOR WAIVER (PLEASE CHECK APPROPRIATE BOX)

FIRST VEHICLE _____
DATE OF PURCHASE _____

NEW RESIDENT TO MISSOURI
DATE MOVED: _____
STATE MOVED FROM: _____

MILITARY _____
HOME OF RECORD _____

TAX-EXEMPT ORGANIZATION (CHURCHES, BOY SCOUTS, ETC.)

IF YOU ARE STATIONED IN MISSOURI AND YOUR HOME OF RECORD IS IN ANOTHER STATE, YOU MUST PROVIDE A COPY OF YOUR L.E.S. FORM TO BE ELIGIBLE FOR A TAX WAIVER.

FOR A TAX WAIVER TO BE ISSUED TO A TAX-EXEMPT ORGANIZATION YOU MUST PROVIDE A COPY OF EACH VEHICLE'S TITLE OR REGISTRATION, AND YOUR SALES TAX EXEMPTION FROM THE STATE OF MISSOURI.

PROVIDE INFORMATION OF PROPERTY BELOW

YEAR	MAKE <small>(Ex: FORD, CHEVY)</small>	MODEL/SERIES <small>(Ex: FUSION SE)</small>	CAB SIZE <small>(REG, EXT, QUAD, CREW)</small>	TONS <small>(1/2, 3/4, 1)</small>	LENGTH/CC'S/HP <small>(CAMPER, TRAILER, MOTORCYCLE, BOAT)</small>	VEHICLE IDENTIFICATION NUMBER <small>VIN</small>

I do hereby certify that the foregoing list contains a true and correct statement of all personal property, made taxable by the laws of the state of Missouri, which I owned or which I had under my charge or management on the first day of January, 2020. I further certify that I have not sent or taken, or caused to be sent or taken, any property out of this state to avoid taxation.

SIGNATURE _____

IN ORDER FOR THIS APPLICATION TO BE PROCESSED YOU MUST INCLUDE THE FOLLOWING:

- COPY OF THE FRONT AND BACK OF TITLE (BACK OF TITLE SHOULD BE COMPLETELY FILLED OUT), TITLE APPLICATION OR REGISTRATION FORM
- COPY OF DRIVER'S LICENSE (IF AN OUT OF STATE DRIVERS LICENSE YOU MUST PROVIDE PROOF OF PHYSICAL ADDRESS)

OFFICE USE ONLY:	SCHOOL	FIRE	AMB	ROAD	CITY

YEAR(S) WAIVED: _____ & _____

YEAR ASSESSED: _____ CLERK: _____ ACCOUNT #: _____