MILITARY EXEMPTION APPLICATION

SOLDIERS & SAILORS CIVIL RELIEF ACT OF 1940: Section D. <u>PERSONAL PROPERTY TAXES</u>

As the "tax day" varies from state to state, your personal property could be present for tax purposes in several taxing jurisdictions the same year. To protect you, the Act prohibits any state except that of your domicile from taxing your personal property.

The Act does not relieve your spouse or dependents from paying the tax on their personal property to the state where residing.

PRINT OR TYPE THE REQUIRED INFORMATION AND HAVE IT VERIFIED AND SIGNED BY YOUR COMMANDING OFFICER; OR, IF YOU ARE TRANSIENT AND HAVE A CURRENT LES, THIS FORM CAN BE VERIFIED AND SIGNED BY A COMMISSIONED OFFICER ATTACHED TO THE LEGAL OFFICE.

RETURN APPLICATION TO: CHARLESTON COUNTY AUDITOR, P. O. BOX 614, CHARLESTON, SC 29402-0614 IMPORTANT: YOU MUST ATTACH TAX BILL(S) FOR PROPERTY ON WHICH EXEMPTION IS CLAIMED.

ITEM I CERTIFICATION

(1) This is to certify that I, (print full name)______ am on active duty as a member of the U.S. Armed Forces, and, pursuant to military orders, am assigned active duty in the State of South Carolina, with my duty station as ______.

(2) My legal residence on December 31, _____:

The state of my legal residence as indicated on my Leave and Earnings Statement_____

ITEM II DESCRIPTION OF PERSONAL PROPERTY FOR WHICH EXEMPTION IS CLAIMED

(1) Description of vehicle, camper, watercraft, aircraft, or mobile home:

Make	Year	VIN	Registration Expir. Date
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(2) If Watercraft: S.C. Dept. of Natural Resources Registration No.

(3) If Mobile Home: Charleston County Mobile Home Decal No._____

ALL PERSONAL PROPERTY FOR WHICH EXEMPTION IS CLAIMED MUST BE REGISTERED IN THE NAME OF THE MILITARY APPLICANT. IF THE PROPERTY IS TITLED IN THE NAMES OF PEOPLE IN ADDITION TO THE MILITARY PERSON, THE PROPERTY WILL QUALIFY FOR ONLY 50% OF THE EXEMPTION.

ITEM III ANNUAL APPLICATION

APPLICATION MUST BE FILED EACH YEAR YOU ARE ON ACTIVE DUTY IN SOUTH CAROLINA AND WISH TO CLAIM EXEMPTION FROM PERSONAL PROPERTY TAXES. THE APPLICATION SHALL BE CONSIDERED ONLY UPON ANSWERING ALL THE ABOVE QUESTIONS AND UPON A REVIEW OF THE INFORMATION AS SUBMITTED.

UNDER THE PENALTIES PRESCRIBED BY LAW, I HEREBY CERTIFY THAT THE INFORMATION GIVEN HEREIN IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

	SIGNATURE OF APPLICANT		RANK & SERVICE NO.	
Sworn to before me this	day of		20	
SIGNATURE OF COMMANDING OFFICE	R	ANK & SERVICE NO.		PHONE NO.
SIGNATURE OF COMMISSIONED OFFICER, LEGAL	OFFICE F	ANK & SERVICE NO.		PHONE NO.
CCAUD-8/2000				