Rich County Treasurer

20 S Main, PO Box 186 Randolph, UT 84064

LouJean M Argyle 435-793-5155

PROPERTY TAX ABATEMENT

IF YOU WILL BE AGE 65 OR OLDER ON OR BEFORE
DECEMBER 31, 2019 OR IF YOU ARE A WIDOW OR WIDOWER AND
HAVE NOT REMARRIED, A DISABLED VETERAN OR ACTIVE DUTY ARMED FORCES, YOU
MAY QUALITY FOR A PROPERTY TAX CREDIT.

TO RECEIVE A DISCOUNT ON YOUR PROPERTY TAXES, YOU MUST FILL OUT A PROPERTY TAX ABATEMENT APPLICATION. THESE APPLICATION ARE AVAILABLE AT THE RICH COUNTY TREASURER'S OFFICE.

INFORMATION TO BE REPORTED ON THE APPLICATION INCLUDES HOUSEHOLD INCOME, SOCIAL SECURITY NUMBER, AGE, NAME, ETC.
AN APPLICANT'S HOUSEHOLD INCOME MUST BE LESS THAN \$33,530. FOR DISABLED VETERANS OR ACTIVE DUTY REQUIRES INFORMATION ON YOUR SERVICE AND/OR DISABILITY.

ONLY PROPERTY TAX ON A PRIMARY RESIDENCE IS ELIGIBLE FOR A PROPERTY TAX CREDIT.

IF YOU HAVE ANY QUESTIONS OR YOU WOULD LIKE AN APPLICATION, YOU MAY CONTACT THE RICH COUNTY TREASURER'S OFFICE.

PHONE NUMBER 435-793-5155

Forms are also available at http://www.tax.utah.gov/forms-pubs/

2019

Davis County

Emery County

Duchesne County

801-451-3332

435-738-1120

435-381-5106

Millard County

Morgan County

Piute County

435-743-5227

801-845-4030

435-577-2840

Summit County

Tooele County

Uintah County

435-336-3016

435-843-3140

435-781-5361

County Application

Low Income Abatement and Homeowner's Tax Credit Application

TC-90CY Rev. 1/19

(For low income, elderly, and widows/widowers)

Homeowners and Mobile Homeowners applying for property tax credit must file this form with the county where the home is located by Sept. 1, 2019.

Renters and Mobile Homeowners applying for lot rental refund, file the TC-90CB application with the Utah State Tax Commission by Dec. 31, 2019.

			Section 5 (back o	•		•								
Se	ction 1 - Ap	plicant's Nai	ne If more th	an one person	lives in	a househol	d, only one	e person r	may file an app	lication				
Applicant's last name		Applicant's	Applicant's first name			Middle initial	Birth date	Socia	I Security	number	r			
Spouse's last name (if spouse is living)			Spouse's fi	Spouse's first name			Middle initial	Birth date	Socia	l Security	number	r		
Address			City	City		County		ZIP code	Dayti	Daytime telephone numbe		nber		
		ty serial/account cent property tax												
Se	ction 2 - Ho	usehold Inco	ome Househ	old income mus	st inclu	de ALL ho u	sehold m	embers' i	incomes.					
livir sha bel	ng in the house aring furnishing ow.	hold as of Jan. 1 s, facilities, acco	10 and enter the , 2019, not just t mmodations and	he applicant. A	\ "hou	sehold " is a	an associat	tion of all	people living in	n the sa	me dw			
		household as of										٦		
1.	Wage/salaries/t	tips/other compens c. etc.)	ation 1		6. 7.	Government			ation 6			-		
2.		come, dividends	2		8.	Business. re (Include cop	ntal, farm in	come	8					
3.	Pensions, annuities – include IRAs (taxable/nontaxable) (Include a copy of fed return and all schedules. This amount will I		py of federal	d.)	9.	schedules. This amount will be reviewed.) Depreciation on claimed residence (Include copy of federal return and all								
Social Security/Railroad retirement		nt 4	,		schedules. This amount will be reviewed.)									
	•	able/nontaxable) (send supporting		entation)			10.	Other income received under UC §59-2-1 such as alimony, nontaxable interest, etc.						
Current year capital gain or loss (Include copy of federal return and all					11.	 (send supporting documentation) 1. Total 2018 household income from all sources (add lines 1 through 10) 								
	schedules. This	amount will be rev	riewea.)		Comm	o not qualify nission will re I. You may be	if the amou	nt on line applicatio)) 11 is greater th n and determin additional infor	e eligibi	lity for			
Se	ction 3 - Lo	w Income Ab	atement T	o qualify for low	incom	e abatemen	t, applican	t must an	swer all three	questior	ns belo	ow.		
1.	would be an e	extreme hardship	or before Dec. 3 to pay the tax? I or. If you are und	f you are disable	ed and	applying for	r the first til	me, attacl	h a medical		Yes	□ No		
2.	Was the total	household incon	ne (from Section :	2, line 11) less t	than \$3	33,530?					Yes	☐ No		
3.	Will you reside	e in the home for	which you are cl	aiming the abat	ement	for ten mon	ths during	2019?			Yes	☐ No		
	ne answer to all	I three questions	is "Yes," you qua atement, you ma	lify for the low in	ncome	abatement.			.ck of this form					
-			our county gove											
E	Beaver County	435-438-6463	Garfield County	435-676-1109	R	ich County	435-79	3-5155	Utah County	8	01-851-	8109		
	Box Elder County	435-734-3317	Grand County	435-259-1338		alt Lake County		8-8300	Wasatch Count		35-657-			
	Cache County	435-755-1706	Iron County	435-477-8332		an Juan County		7-3237	Washington Co	•	35-634-			
	Carbon County	435-636-3221	Juab County	435-623-3410		anpete County		5-2142	Wayne County	-	35-836-			
	Daggett County	435-784-3210	Kane County	435-644-2458		evier County		3-0401	Weber County		01-399-			

Section 4 - Homeowner's	Tax Credit A	pplicant must	answe	r all 4 que	estions.					
Will you be age 66 or older o widow or widower, enter your	-		-	······ Yes	□No					
2. Was the total household inco	Was the total household income (from Section 2, line 11) less than \$33,530?							☐ No		
								☐ No		
4. Will you live in Utah for the en You must be domiciled in Utah							□ Yes	☐ No		
If your name is not listed as the property owner of the Property Tax Billing Notice, attach legal documentation of ownership. Only property tax on applicant's primary residence is eligible for property tax credit.										
Is the home located on property to ls any portion of the home rented ls a portion of the home used for	Yes Yes Yes	☐ No ☐ No ☐ No	If yes, total numb If yes, what perce If yes, what perce	nt is rented						
You must have owned the home If you qualify for property tax of			ow in	come aba	atement, on the front	of this form				
Section 5 - Residency Sta	ntus of Applica	nt								
Under state and federal law we are prohibited from processing this application or issuing a credit to any person who fails to provide this information.										
Check one (providing false info	ormation subjects	the signer to	penal	ties for p	erjury):					
1. I am a U.S. citizen and ha	ive provided my So	cial Security n	umber	on the fr	ont of this form.					
2.	641 and I am prese	nt in the U.S. I	awfull	y.	I-94 Number*	:				
If you checked box 2, you must in person and bring proof of yo and/or Alien Registration Numb		Alien Registration Number*: *The I-94 (arrival/departure) number and/or the Alien Registration								
Number are issued by the U.S. Citizenship and Immigration Service. Under penalties of perjury, I declare that I am a U.S. citizen OR that I qualify under 8 U.S.C 1641 and am present in the United States lawfully.										
Signature of applicant X						Date signed				
Section 6 - Certification a	nd Signature	Read certific	cation	, sign and	date.					
Under penalties of perjury, I decla	are to the best of my	y knowledge a	nd un	derstandir	ng, this information is	true, correct a	and complete.			
Signature of applicant X		Date		Signature of spouse (spouse must sign if home is owned in joint tenancy) Date						
Preparer's name and address or organization	ion (if not applicant)					Preparer's telep	phone number			
For Tax Commi	ission Use Only			For County Use Only						
CB used by county	CB available (max-used)	Tax	Tax amount						
CB rent possible CB rent issue <= CB available			Bli	Blind and/or veteran						
					Homeowner's valuation reduction (additional 20%)					
Property Tax Credit Refund Schedule					Circuit breaker					
2018 Household Income	Maximum Homeowner Tax Credit		Lo	Low income abatement						
\$0 \$11,399	\$1,015		Ne	t tax due						
11,400 15,201 15,202 19,000	888 765									
19,001 22,800	578		Co	unty govern	ment approval		Date approved			
22,801 26,602 26,603 30,176	455 270		_							

30,177

33,530

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Veteran with a Disability Property Tax Exemption Application

UCA §59-2-1104 and 1105 Form PT-030 Rev. 4/11

The deadline for filing this application with your county of residence is September 1

		•		-	-		•		
Section	on 1 – Claimant I	nformati	ion						
Claimant's last name		Claimant's first name		Middle initial	Birth date	Social Security Number			
Spouse's	last name (if spouse is livi	ng)	Spouse's first name	Middle initial	Birth date	Social Security Number			
Address			City	County	State	ZIP Code	Daytime phone number		
Enter the	property tax serial or acco	ount number(s) from your previous prop	perty tax billing	notice				
Section	on 2 – Additional	Informa	ation						
Applica	nt is a:	Veteran	with a disability	Unmarried s	•		of a veteran with a ran		
Date of	disability:	Prior to J	an. 1, 1921	On or after	Jan. 1, 192	21			
Percent	tage of disability:			%					
Primary Residence Value: \$				(from valuation notice)					
	own this property on ou applied for a veter				∕es ∕es	No No			
or be issued or bear or be issued or be issued or be issued or be issued or be issu	or by the unmarried surviving spouse or minor orphan of that veteran shall be accompanied by a statement, issued by a military entity, showing the percentage of disability incurred or aggravated in the line of duty during any war, international conflict, or military training in the military service of the United States or this state.								
	tion shows a lesser p mption amount excep								
dut	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 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.								
♦ The	The county may ask for verification of residency.								
	Applicant must attach a copy of "Certificate of Discharge" and statement issued by a military entity showing percentage of disability (with initial application only).								
Section	on 3 – Certificatio	on and S	Signature						
	penalties of perjury, I and complete. I furth				nderstandi	_			
Signature	e of claimant					Dat	e		
Signature of spouse					Dat	e			
Preparer'	s name, address, and tele	phone numb	er (if not claimant)						

Section 4 – County Use Only									
Nai	me of county official accepting the application		Date						
Pr	Property information and value (see instructions below)								
		Personal Property*	Primary Residence						
1.	Account or parcel number								
2.	Taxable property value	\$	\$						
3.	Value exempted	\$	\$						
4.	Original tax amount	\$	\$						
5.	Veteran exemption credit	\$	\$						
6.	Net tax due	\$	\$						
Cou	unty official's approval		Date						

Instructions for County Use

- **Line 1** Enter the property account or parcel identification number.
- **Line 2** Enter the amount of taxable property value from the assessment roll.
- **Line 3** Enter the amount of value to be exempted.
- NOTE: If Claimant has received a veteran exemption for property owned in another county, the value exempted in the other county must be subtracted from claimant's total exemption amount.
- **Line 4** Enter original tax amount by multiplying line 2 by the applicable tax rate.
- **Line 5** Enter the amount of credit allowed by multiplying line 3 by the applicable tax rate.
- **Line 6** Calculate net tax due by subtracting line 5 from line 4.

Application receipt must be provided within 30 days.

^{*}Personal Property that is held exclusively for personal use and is not used in a trade or business.