



**Personal Property Tax Waiver Application**

**Bob Boyer**

**Jefferson County Assessor**

**E-MAIL TO:** [ppassessor@jeffcomo.org](mailto: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

**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>																				
						1	2	3	4	5	6	7	8	9	10	11	12									

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 #: _____