

SENIOR CITIZEN/DISABLED/VETERAN PERSON(S)
LAND OCCUPATION USE TAX – 60% DEFERRAL APPLICATION
FOR TAXES DUE IN 2015

Attached is a 2015 Land Occupation Use Tax (LOUT) deferral of sixty percent (60%) tax application. Eligibility is based on your 2014 income.

This LOUT 60% deferral reduces your property taxes. Please complete this application with your 2014 income & your personal information. Instructions are attached to help complete the application.

DOCUMENTATION REQUIRED

You must provide documentation for all income and/or expenses listed, or this application will be returned to you.

If you file a tax return, this documentation must include a full copy of your tax return, and all documents used to prepare your return, such as Social Security statements, retirement or pension statements, disability payments, W-2 forms, 1040 forms and 1099 forms.

If you do not file a tax return, this documentation must include copies of your Social Security statement, retirement or pension statement, W-2 form and any 1099 forms.

You must also include documentation for any allowed out-of-pocket expenses you are deducting from your income.

If you have any questions, please contact the Tax & Licensing Division at (360) 716.4209

2015 INSTRUCTIONS

This claim is being filed with the Tulalip Tribes Tax & Licensing Division for LOUT payable in 2015 under the requirements of Title 12.30.

IF YOUR APPLICATION IS INCOMPLETE, OR IF YOU HAVE NOT INCLUDED ALL REQUIRED 2014 DOCUMENTATION, YOUR APPLICATION WILL BE RETURNED TO YOU FOR COMPLETION OR ADDITIONAL DOCUMENTATION.

NUMBERS LISTED BELOW CORRESPOND TO THE NUMBER ON THE APPLICATION

1. **Type of Residence:** Mark the box that applies to you. If your residence is a mobile home, enter the year and the make or model of your mobile home.
2. **Type of Ownership:** Mark the box that applies to you. If you have a life estate you must attach a copy of that portion of the deed, lease or trust that shows the life estate.
3. **Claimant's Information:**
4. **Parcel or Account Number:** You can find your parcel or account number in the upper left corner of your most recent tax statement.
5. **2014 Income and Expenses of Claimant/Spouse/Co-tenant/Domestic Partner:**
DOCUMENTATION REQUIRED.

Documentation Required For All Income and/or Deductions

5. All 2014 Gross Annual Income and/or Deductions of Claimant, Spouse, Co-Tenant or Domestic Partner.

INCOME:		INCOME SUB-TOTAL	\$ _____
A. Social Security [Box 5 of your SS 1099's]	\$ _____	DEDUCTIONS (NON-REIMBURSED)	
B. Pension, Annuities and/or Retirement bonds	\$ _____	A. Medicare Premiums ONLY Parts A, B, C or D & Medicare Advantage Premiums	\$ _____
C. Interest, Exempt Interest Dividends and/or IRA withdrawals	\$ _____	B. Nursing Home, Boarding Home Wages or Adult Family Home Costs	\$ _____
D. Wages	\$ _____	C. Adjustments to income on your Tax Return (line 36) except penalties for early withdrawals.	\$ _____
E. Capital Gains - Includes all gains from Schedule D or 1099's. Losses cannot offset gains.	\$ _____	D. In-Home Care Expenses	\$ _____
F. Net Rental and/or Business Income - Excluding Depreciation No Losses allowed	\$ _____	E. Prescription Drug Expenses	\$ _____
G. Disability Income (other than VA Benefits or Social Security payments)	\$ _____		
H. Any other income	\$ _____		
		DEDUCTIONS SUB-TOTAL	\$ _____
		2014 Disposable Income	\$ _____
(Income Less Deductions) Maximum Allowed Income \$35,000			\$ _____

6. I, or each of us (if joint owners are filing) apply for 60% deferral on this property and certify the following (please check the appropriate box(es):

- I am 61 years of age or older.
- I am under 61 years of age, and disabled and unable to work because of my disability. Attach a current physician's statement attesting to your disability or attach a copy of your SS award letter.
- I am a veteran with a 100% service-connected disability. Attach a copy of your VA award letter.

7. Claimants Birth date: _____ Other Party Birth date: _____

Year Property Purchased: _____ Year Property Occupied: _____

Any 60% deferral granted through erroneous information shall be subject to the correct tax being assessed for the last two years, plus a 100 (100%) percent penalty.

THE CLAIMANT(S) MUST SIGN THE APPLICATION AND INCLUDE A PHONE NUMBER. THE CLAIMANTS' SIGNATURE MUST BE WITNESSED. (You must have two people witness your signature. If you have no one to witness your signature, you may present your application in person and an Employee of the Tax & Licensing Division Office will be witness to your signature.) If someone other than the claimant is signing this document, please attach proof of authority, such as Power of Attorney.

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Signature of Claimant	Date		Phone Number of Claimant

I swear under the penalties of perjury that all of the foregoing statements are true.

Witness or Power of Attorney (if applicable)	Date	Witness	Date

Other Party	Date	Witness	Date

Witness	Date	Tax & Licensing Division	Date

Please refer to the Instructions sheets for assistance in completing this application. You may access tax information on our Internet home page at <http://www.tulalipribes-nsn.gov/Home/Government/Departments/CommunityDevelopment.aspx>. If you have questions, please call the Tax & Licensing Division Office at (360) 716-4209. Return your completed application and all required documentation to: