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 comer of your most recent tax statement.
- 5. **2014** Income and Expenses of Claimant/Spouse/Co-tenant/Domestic Partner: DOCUMENTATION REQUIRED.

Maximum allowed \$35,000. You must report from all income sources - Taxable and Non-Taxable. (Co-tenant income information must be provided if they reside with the claimant.)

- 6. Certification of age and/or disability: Mark the boxes that apply to you. (If you are disabled and under 61 years of age, you MUST supply this office with either a copy of your Social Security award of disability letter, your Veterans Administration award of disability letter, or a current, physician signed, disability form noting the year the disability occurred and whether the disability is temporary or permanent.
- 7. Fill in the claimant's birth date, the spouse or domestic partner's birth date, the year you purchased your property and the year you first occupied your property.

For assistance please call the Tax & Licensing Division at 360.716.4209

SENIOR CITIZEN/DISABLED/VETERAN PERSON(S) 60% DEFERRAL FROM LOUT

Use **2014** Income to Determine Eligibility your filing for deferral on Taxes Payable in **2015**

1. Type of Resider	· /	Tax & Licensing Division Use Only				
• •	y Dwelling	2015 Assessment Taxes				
Mobile Home Year built: Make/Model:			Date Entered:			
2. Type of Ownersl AND occupy the	Tax Year: <u>2015</u>					
to qualify for the	Tax amount \$					
□ Owner (In tot □ Life Estate (r	Deferral amount: \$					
			Initial:			
Have you received in the past, the Senior Citizen/Disabled/Veteran Person(s) LOUT 60% deferral or exemption on this parcel? No Ves - Most recent year received Claimant's Full Name:						
	First	Middle	Last			
Other Party:						
	First	Middle	Last			
Physical Address:						
ļ A	Address	City	Zip			
Mailing Address (if different than above):						
4. Parcel or Account Number:						

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		DEDUCTIONS					
[Box 5 of your SS 1099's)	\$	(NON-REIMBURSED)					
B. Pension, Annuities		A. Medicare Premiums ONLY					
and/or Retirement bonds	\$	Parts A, B, C or D & Medicare	.				
		Advantage Premiums	\$				
C. Interest, Exempt		B. Nursing Home, Boarding					
Interest Dividends and/or IRA withdrawals	\$	Home Wages or Adult Family Home Costs					
	· ·		\$				
D. Wages	\$	C. Adjustments to income on					
E. Capital Gains -		your Tax Return (line 36) except	¢				
Includes all gains from Schedule D or 1099's.		penalties for early withdrawals.	\$				
Losses cannot offset gains.	\$	D. In-Home Care Expenses	\$				
F. Net Rental and/or	Ψ						
Business Income -		E. Prescription Drug Expenses	\$				
Excluding Depreciation	•						
No Losses allowed	\$						
C Disability Income (other							
G. Disability Income (other than VA Benefits or Social							
Security payments)	\$						
	Ψ						
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):							
\Box I am 61 years of age or older.							
□ I am under 61 years of	age, and disabled an	nd unable to work because of my	y disability. Attach a				
current physician's statement attesting to your disability or attach a copy of your SS award letter.							
\Box 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.

 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.tulaliptribesnsn.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: