



DEPARTMENT OF REVENUE
 DIVISION OF VEHICLES
VEHICLE SERVICES
 www.ksrevenue.org

Military Personnel Affidavit for Motor Vehicle Tax Exemption

Name: _____ Rank: _____

Address: _____

Street Address
City
State
Zip

Contact Phone Numbers: _____

Service Branch: _____ Duty Station: _____ Unit: _____

Permanent resident state - as shown on LES: _____

Kansas Resident :

Pursuant to Kansas statute 79-5107(e), not more than two motor vehicles may qualify for exemption from property taxation in Kansas if the resident individual is "mobilized and deployed" on the date of the application for registration of the vehicle(s). A separate exemption may be granted by the Kansas Board of Tax Appeals for RV-titled vehicles pursuant to K.S.A. 79-5121(e).

Both must apply:

- My name is shown on the title as the legal owner of the vehicle(s).
- I claim Kansas as my permanent resident state with the military.

One of the following must apply:

- I am in the full-time, regular military service of the United States (Stationed OR Deployed).
- I am in the National Guard or Reserves and am Mobilized OR Deployed.
- Active Guard or Reserve status.

Enter Vehicle Information - Cannot list more than 2:

Vehicle Make	Year	Vehicle Model	Vehicle ID Number - VIN	License Plate #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Non-Kansas Resident - All checkboxes below must apply:

- Kansas is not my permanent resident state with the military.
- My name and/or my spouse's name is shown on the title as the legal owner of the vehicle(s).
- I am in the full-time regular military service of the United States.
- I am absent from my permanent resident state in compliance of military orders AND the personal property is located outside the permanent resident state.
- The personal property being claimed for exemption is not used in or arising from a trade or business.

Signature of Military Person or Authorized Agent:

I do hereby certify that the information set forth in this application is true and correct to the best of my knowledge.

X _____

Signature of military person or authorized agent
Date
Relationship if authorized agent

This form must be accompanied by a copy of your military orders/ORB/ERB and current full month LES