

Kansas 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: _____ ETS Date: _____

Kansas Resident - All must apply:

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).

Check all that apply:

- The individual's name is shown on the title as the legal owner of the vehicle(s).
- The individual claims Kansas as his/her permanent resident state with the military.
- The individual is in the full-time, regular military service of the United States (Stationed OR Deployed)
- The individual is in the National Guard or Reserves and is Mobilized OR Deployed.
- Active Guard or Reserve status.
- The exemption does not exceed 2 motor vehicles at the time of application for registration.

Enter Vehicle Information - Cannot list more than 2:

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

Non-Kansas Resident - All must apply:

- The individual *does not* claim Kansas as his/her permanent resident state with the military.
- The individual's name and/or spouse's name is shown on the title as the legal owner of the vehicle(s).
- The individual is in the full-time regular military service of the United States.
- The individual is absent from his/her permanent resident state in compliance of military orders AND the personal property is located outside the permanent resident state.
- The personal property 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