

# 2019 LOUDOUN COUNTY REQUEST FOR PERSONAL PROPERTY ALTERNATIVE TAX RATE

For 100% service-connected, totally and permanently Disabled Veteran

**GOVERNMENT CENTER**  
1 Harrison St. SE 1<sup>ST</sup> Floor  
Leesburg, VA 20175-3102

**Robert S. Wertz, Jr.**  
**Commissioner of the Revenue**  
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Phone: (703) 737-8557 Email: [trcor@loudoun.gov](mailto:trcor@loudoun.gov)

**LOUDOUN TECH CENTER**  
21641 Ridgetop Cir. Ste. 100  
Sterling, VA 20166-6597

This form is to be used by 100% service-connected, total and permanently disabled veterans to request a personal property alternative tax rate on one motor vehicle (i.e., car, truck or motorcycle) that is owned on January 1, 2019, and regularly used by the veteran with an effective date of the disability of January 1, 2019 or earlier.

## VETERAN AND PROPERTY OWNER INFORMATION

Property Owner:	Social Security Number: <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
Co-Owner:	Social Security Number: <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
Mailing Address:	City, State, Zip: <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
Phone Number: <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	Alternate Phone Number: <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>

## VEHICLE TO RECEIVE ALTERNATIVE TAX RATE

Date Acquired: <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	Account Number: <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	
Year: <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	Make: <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	Model: <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>
Vehicle Identification Number (VIN): <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>		
Virginia Title Number: <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	License Plate Number: <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	

## AFFIDAVIT

Comes now \_\_\_\_\_, of legal age, having first  
*Veteran/Spouse/Surviving Spouse/Co-owner(s) Name(s)*  
 sworn and on my/our oath state the foregoing statements are true and accurate to the best of my/our knowledge and belief, and I/we understand that any factors occurring during the taxable year that have the effect of violating the conditions provided by the *Code of Virginia*, shall nullify the personal property alternative tax rate.

\_\_\_\_\_

*Disabled Veteran Signature* *Date* *Spouse/ Surviving Spouse/ Co-Owner's Signature* *Date*

### STATE OF VIRGINIA, COUNTY OF LOUDOUN, to Wit:

I hereby certify that \_\_\_\_\_  
 personally appeared before me in my County and State aforesaid who being first duly sworn by me acknowledged the signature to the foregoing affidavit to be his/her own and affirmed the said statements are true and correct. Subscribed and sworn before me, the undersigned Notary Public in the County and State aforesaid the \_\_\_\_\_ day of \_\_\_\_\_, 2019.

\_\_\_\_\_  
*Notary Public* *My Commission Expires* *Notary Seal*

## GENERAL INFORMATION

The *Code of Virginia* §58.1-3506 A permits Loudoun County to tax at a separate rate, one motor vehicle owned by a 100% service-connected, total and permanently disabled veteran. The Personal Property Alternative Tax Rate is based on qualifying disability, ownership and use. Only one motor vehicle (i.e. car, truck or motorcycle) per year may receive the alternative tax rate. The vehicle must be owned by the veteran requesting the alternative tax rate on January 1 of the taxable year. Once a vehicle has been selected to receive the alternative tax rate, another vehicle **cannot** be selected until January 1 of the following year. A vehicle co-owned by the veteran and his/her spouse or other individuals may receive the alternative tax rate. However, the alternative tax rate does not apply to a vehicle solely owned by a veteran's spouse or surviving spouse. Leased vehicles and vehicles titled to a business will not qualify.

This form must be filed with the office of the Commissioner of the Revenue by March 1 of the taxable year. Once filed, this form becomes the property of the Commissioner of the Revenue. However, the exemption request form and supporting documentation are confidential and not open to public inspection. Forms without supporting documentation may be denied.

My office will be happy to provide physical or sensory accommodations in order for you to utilize this program. Additional information and assistance is available over the telephone or in my office. In order to manage workload and reduce waiting time for assistance, please call **703-737-8557** to schedule an appointment or to speak to a staff member.

**Robert S. Wertz, Jr.**  
**Commissioner of the Revenue**

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## INSTRUCTIONS

This form is to be used by 100% service-connected, total and permanently disabled veterans to request a personal property alternative tax rate on one motor vehicle (i.e., car, truck or motorcycle) per year that is owned on January 1 of the tax year and is regularly used by the veteran.

1. Provide a copy of the Disability Letter from the United States Department of Veterans Affairs confirming the veteran has a 100% service-connected, total and permanent disability and the date the rating became effective.
2. Provide a copy of the current vehicle registration.
3. If you hold Power of Attorney to request relief on behalf of the veteran, provide a copy.

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## QUALIFICATIONS FOR PERSONAL PROPERTY ALTERNATIVE TAX RATE FOR DISABLED VETERANS

**Disability** – The Department of Veterans Affairs must certify the veteran has either lost, or lost the use of, one or both legs, or an arm or a hand, or is blind or is permanently and totally disabled and the disability is service-connected. The effective date of the disability must be January 1, 2019 or earlier to receive the alternative tax rate for 2019.

**Property Ownership** – The motor vehicle (i.e., car, truck or motorcycle) must be owned by the veteran requesting the alternative tax rate on January 1 of the taxable year. Once a vehicle has been selected to receive the alternative tax rate, another vehicle **cannot** be selected until January 1 of the following year. A vehicle co-owned by the veteran and his/her spouse or other individuals may receive the alternative tax rate. However, the reduced rate does not apply to a vehicle solely owned by a veteran's spouse or surviving spouse. Leased vehicles and vehicles owned by a business will not qualify.

**Use** - The vehicle must be regularly used by the qualifying veteran.

**Proration of Personal Property Tax** - The tax will be pro-rated if 1) the qualifying vehicle is sold, 2) the vehicle title is transferred to a non-qualifying owner, or 3) the veteran dies.