

APPLICATION FOR TAX DEDUCTION FOR DISABLED VETERANS, WWI VETERANS AND SURVIVING SPOUSES OF CERTAIN VETERANS

State Form 12662 (R10 / 7-07)

Prescribed by the Department of Local Government Finance

INSTRUCTIONS: Please check appropriate box(es) pertaining to tax deduction. (More than one box may be checked; however, a surviving spouse who receives a deduction under Section IV may not receive a deduction under Section II.)

FILING DATES:

REAL PROPERTY: DURING THE TWELVE (12) MONTHS BEFORE JUNE 11 OF THE YEAR THE DEDUCTION IS TO APPLY. MOBILE HOMES (IC 6-1.1-7) OR MANUFACTURED HOMES NOT ASSESSED AS REAL ESTATE: DURING THE TWELVE (12) MONTHS BEFORE MARCH 31 OF EACH YEAR FOR WHICH THE INDIVIDUAL WISHES TO OBTAIN THE DEDUCTION.

	an (or veteran at least age 62 with at least 10% disa	bility) or surviving spou	use - Not to exceed \$12,480		
Complete sections I, V and VI. (IC 6-1.1-12-14)					
☐ II Partially service-connected disabled veteran OR surviving spouse - Not to exceed \$24,960					
Complete sections II, V and VI. (IC 6-1.1-12-13) III World War I Veteran - Not to exceed \$18,720					
	V and VI. (IC 6-1.1-12-17.4)				
<u> </u>	/orld War I Veteran - Not to exceed \$18,720				
	V, and VI. (IC 6-1.1-12-16)				
	APPLICANT				
Name of applicant (first, middle, last)			Date of birth (month, day, year)		
Address (street and number, city, state, and ZIP code)		County			
Applicant (does / does not) own property with another individual(s) besides spouse and/or another veteran.					
This application is made for the purpose of obtaining \$ deduction from the assessed valuation of the following described taxable					
property for the year 20					
Taxing District (city, town, township)	Is the property in question:	Parcel or Key num	nber		
2525	☐ Real Property ☐ Mobile Home (IC 6-1.1-	·			
	ION I - Total Disability OR at least age 62 with at	-			
	ed Forces for at least 90 days (not necessarily during w	var time).			
B. Applicant was honorably discharged.	ladi an				
C. Applicant is: Totally disab					
At least age 62 with at least 10% disability					
D. Applicant's disability is evidenced by: Certificate of eligibility from the Indiana Department of Veterans Affairs; Pension certificate;					
	☐ Award of compensation from Veterans Admin	istration or Department	of Defense: or		
	☐ Veterans Administration Form 20-5455 "Tax A	•	or Bolonios, or		
E. The assessed valuation (at 100%) of the property for which the deduction is claimed (<i>may not exceed \$143,160</i>) \$					
F. Applicant is the surviving spouse of an individual who would have qualified for the deduction under this section when he or she was alive.					
(Age of deceased veteran on date of death					
	SECTION II - Partial Disability				
A. Applicant was a member of the U.S. Ar	<u> </u>				
B. Applicant was a member of the o.s. Ar	med i orces during any or its wars.				
C. Applicant was nonorably discharged.	ability of at least 10%				
D. ☐ Applicant's disability is evidenced by: ☐ Certificate of eligibility from the Indiana Department of Veterans Affairs;					
Pension certificate:					
☐ Award of compensation from Veterans Administration or Department of Defense; or					
	☐ Veterans Administration Form 20-5455 "Tax Abatement Certificate"				
E. Applicant is the surviving spouse of an individual who would have qualified for the deduction under this section when he or she was alive.					
(Age of deceased veteran on date of de	eath)				
	SECTION III - World War I Veteran				
A. Applicant is a veteran of World War I.	CEOTION III TROTTA TRAIT POLICIAI				
B. Applicant's disability is evidenced by:	☐ Letter from Veterans Administration or Depart	ment of Defense: or			
2	☐ Discharge documents	mont of Bolonoo, of			
C. The assessed valuation (at 100%) of the	property for which the deduction is claimed (<i>may not ex</i>	(ceed \$206,500) \$			
D. The property is the applicant's principal residence.					
E. The applicant owned the property (or was buying it under contract) for at least one year before the date of this application.					
SECTIONS IV, V, AND VI ARE ON REVERSE SIDE					
RECEIPT FOR APPLICATION FOR TAX DEDUCTION					
EOD DISABLED VETERAN MANUVETERAN OR SURVIVING SPOUSE OF CERTAIN VETERANS					

RECEIPT FOR APPLICATION FOR TAX DEDUCTION FOR DISABLED VETERAN, WWI VETERAN OR SURVIVING SPOUSE OF CERTAIN VETERANS I certify that the applicant filed on this date an application for the following deductions described on State Form 12662: SECTION I SECTION II SECTION III SECTION IV Name of applicant (first, middle, last) Name of auditor Parcel or Key number Date (month, day, year)

SECTION IV. Sumitive Co.		lahanan.			
A. Applicant is the surviving spouse of an individual who served in the U.S. Armed Forces before November 12, 1918.					
B. \square The services of the deceased spouse is evidenced by: \square Lett					
C. \square The deceased spouse received an honorable discharge.					
SECTION V - Additional Information A. Applicant owns the property on which the deduction is claimed or is buying it under contract that provides that the applicant is to pay the property taxes,					
which contract, or a memorandum of the contract, is recorded in the County Recorder's office. Record number page					
B. \square Applicant has applied or intends to apply for one or more of these deductions on other property in this county or in another county.					
☐ Yes ☐ No Amount \$					
County	Taxing district				
Second county	Taxing district				
SECTION VI - Application Ver	rification and Auditor S	Signature			
I certify that the information provided in this application is true and correct. The intentional inclusion of false information on this form is a criminal violation under IC 6-1.1-37-3 or 4.	I certify that this application was filed in my office Date filed (month, day, year) Signature of county auditor				
Signature of applicant or legal representative	Name of county auditor (typed or written)				
VETERAN DEDUCTION WORKSHEET					
	20	20	20		
1. Total Disability (\$12,480)					
2. Partial disability (\$24,960)					
3. WWI Veteran (\$18,720)					
4. WWI surviving spouse (\$18,720)					
5. Total deduction available (add lines 1, 2, 3 and 4)					
6. Amount applied to real estate key number					
7. Amount applied to personal property duplicate number					
8. Amount applied to mobile home duplicate number					
9. Total deduction applied to taxable property (add lines 6, 7 and 8)					
10. Deduction available for excise* (subtract line 9 from line 5)					
11. Excise credit					
*May be used as an excise tax credit on either the Motor Vehicle calculated at \$2.00 per \$100.00 for cars and for aircraft [see 6-			e Tax (IC 6-6-6.5-13)		

The information contained on this form is CONFIDENTIAL according to IC 6-1.1-35-9.