

FORM 1

SPONSOR WILL NEED:

-\$99 Fee -Completed Forms 1, 2 & 3 -Picture(s) of Meter(s)	-Orders/Logistical Support Letter -Housing Contract -Meter Registration Form
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OFFICE USE ONLY

UTAP Enrollment Date: _____

Receipt: _____

E-ON: SWT: M2M:

UTAP APPLICATION (Part I)

ALL BLANKS MUST BE COMPLETED

Sponsor Name (Last, First MI): _____

DOD ID#: _____ Paygrade/Rank: _____

Unit: _____ Office Symbol/Place of Employment: _____

SOFA (Status of Forces Agreement)/First Day in Germany (DD/MM/YYYY): _____

DEROS (MM/YYYY): _____ Branch of Service: _____

(Civilians DEROS date will be determined by the expiration date on CAC)

Supervisor or Contractor's Name/Phone: _____

Mailing Address (PSC or CMR): _____

Local Economy Address: _____

Stateside Address (Family/Friend) _____

Duty Phone: _____ Home/Cell Phone: _____

Work Email Address: _____

Personal Email Address: _____

COMPANY NAME	TYPE OF UTILITY	ACCOUNT #
_____	•	•
_____	•	•
_____	•	•
_____	•	•

NOTE: Tax relief on utilities is subject to periodic inspection by US Forces, German Tax and customs officials.
 *****DATA REQUIRED BY THE PRIVACY ACT OF 1974 (5 USC 5522)*****

AUTHORITY: 10 USC Section 3012 and Supplementary Agreement to the NATO SOFA. Article 67, Paragraph 3a(a)(i); and AE Regulation 215-6/USAFE Instruction 34-102, on individual tax relief procedures in Germany.

PRINCIPAL PURPOSE: For 52 Service Fund Managers to use for obtaining tax relief and to verify eligibility of applicant for tax relief.

ROUTINE USES: To provide information needed to process documents for tax relief purchases, for tax relief on utility bills, to verify the requester is authorized tax relief support.

MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT OF NOT PROVIDING INFORMATION: Disclosure of information is mandatory. Tax relief cannot be obtained without the requested information.

UTAP APPLICATION (Part II)****ALL BLANKS MUST BE COMPLETED******Request for the 52 Force Support Squadron (FSS) Value Added Tax (VAT) office to enroll me in the Utility Tax Avoidance Program (UTAP). Please initial after each section.**

a. I understand that I am responsible to provide the servicing utility companies with the UTAP Certificate to insure that I will be billed tax free and utility security deposits are waived.

b. I understand that **I am responsible for my utility bills** and agree to make timely payments to the utility companies in accordance with their invoicing policies.

c. I certify that **I am not currently indebted to any company** or other agency providing the service for which I seek tax relief. **If past payments are owed, I will provide the VAT Office with receipts of payment.**

d. I understand that tax-free delivery of services is for me and my families use only and that such delivery of tax-free utilities will not benefit any other individual or business.

e. **I agree to keep my banking information up-to-date with the VAT Office, make sure funds are available, and to ensure payments are being made each month on time. I understand that I must inform the VAT Office of any discrepancies/missed payments.**

f. I understand that **I will be held liable to payment of penalty charges** or administrative costs to the utility company incurred because of late payments. I voluntarily consent to pay the amount due and \$25.00 administration fee to the VAT Office as a result of delinquent payments to the utility companies.

g. I agree to furnish the VAT Office with my utility customer account number(s) within 60 days. I realize failure to do so, may cause a year-end bill to be processed with tax.

h. I understand that address stated on the application is the ONLY address I will receive tax relief. **If I move, I must provide the VAT Office with Form 4, all meter readings and receipts of payment for my old residence** utilities, new rental agreement, new utility account numbers and \$99 fee.

i. If I extend my DEROS, I must notify that VAT Office of my extension.

j. The UTAP Receipt is the only original and should be kept until out-processing the VAT Office.

k. I agree to pay, per residence, the \$99 enrollment fee to the VAT Office to defray UTAP administrative costs.

l. **I understand that the VAT Office is not an agent for settling and/or resolving disputes between me and the utility companies.**

m. I acknowledge if I owe a balance or am due a refund, it is my responsibility to make arrangements with the companies.

o. I authorize my spouse to submit meter readings and make changes to my UTAP account. *(if applicable)*

DELINQUENT ACCOUNTS: As a member of the UTAP program, **you are responsible for all utility bills and estimates incurred in you name.** Under the terms of the contact, if your account(s) become delinquent at any time, the utility company can request payment from the VAT Office. The VAT Office is required to pay the bill on your behalf. The VAT Office will send you a letter requesting reimbursement and a \$25 administration fee within 14 working days. Failure to reimburse the VAT Office within the 14 days will result in program removal. Being removed from UTAP will place you in a taxable status with all of your registered utility companies. The utility company may charge you a security deposit and notice will also be sent to your 1st Sgt. And Commander for failure to meet financial obligations. If you are Active Duty Military, DD Form 139 Pay Adjustment Authorization, will automatically be submitted to have the amount owed taken directly from your military pay. If you are a NAF employee, Government contractor, or Government Civilian, your account will be sent directly to the Treasure Offset Program (TOPS) for collection. This program is a federal collections company that can withhold any monies from your federal pay (i.e. retirement, federal income taxes, etc.)

REINSTATEMENT: You can apply to be reinstated one year from the removal date. You need to meet the following: delinquent bill(s) have been settled, proof of good standing with all companies for the past 12 months and the UTAP enrollment fee is paid again.

Sponsor's Signature_____
Date

FORM 3

Bank Information to Establish Automatic Bill Payment (Part III)

****ALL BLANKS MUST BE COMPLETED****

Sponsor Name (Last, First MI): _____

DOD ID#: _____ Paygrade/Rank: _____

Unit: _____ Office Symbol/Place of Employment: _____

Duty Phone: _____ Home/Cell Phone: _____

Local Economy Address: _____

Work Email Address: _____

Personal Email Address: _____

SEPA-Lastschriftmandat (SEPA Withdrawal Mandate)

Ich ermächtige den oben genannten Versorger, Zahlungen von meinem Konto mittels Lastschrift einzuziehen. Zugleich weise ich mein Kreditinstitut an, die von dem oben genannten Versorger auf mein Konto gezogenen Lastschriften einzulösen.

I hereby authorize the below utility supplier to withdraw payments from my bank account. At the same time, I am instructing my bank to honor the payment requests from the below named utility supplier(s).

Name of Utility Supplier(s): E-ON / Deine Wärmeenergie SWT

(check all that apply)

Your Bank Name

BIC

DE _____

Your IBAN (20 Digits)

*****DATA REQUIRED BY THE PRIVACY ACT OF 1974 (5 USC 552)*****

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Sponsor's Signature

Date