



**DEPARTMENT OF THE ARMY
UNITED STATES ARMY GARRISON BAMBERG
TAX RELIEF OFFICE
UNIT 27535
APO AE 09139**



IMEU-BAM-MWN

MEMORANDUM FOR TAX RELIEF OFFICE, USAG BAMBERG TRO, UNIT 27535, APO AE 09139
SUBJECT: Request for Utility-Tax Relief

1. Request the community morale, welfare, and recreation Fund (CMWRF) enroll me in the Utility-Tax Avoidance Program (UTAP).
 - a. I agree to pay a fee of \$77 to the CMWRF to cover administrative costs for enrolling in the UTAP.
 - b. I understand that the CMWRF will arrange with the servicing utility company to bill me without taxes.
 - c. I understand that the CMWRF is acting as my agent and is not responsible for payment of my bills. I further understand that I am responsible for such bills and agree to make timely payments to the utility company in accordance with their invoicing policies and MWR SOP 13-98.
 - d. I understand that I will be held liable for payment of penalty charges or administrative costs to the utility company caused by late payments. In the event of my indebtedness, I voluntarily consent to collection from my basic pay/entitlements any amount owned to the utility company or to CMWRF for enrolling in this program.
 - e. I certify that I am not currently indebted to any utility company or any other agency providing the services for which I seek tax-relief. I also certify the tax-free delivery of services is for my or my family's use and that such delivery will not benefit any other individual or business. Tax-relief on utilities is subject to inspection by U.S. and German tax and customs officials.
 - f. I understand that it is my responsibility to notify the CMWRF at least 4 weeks before vacating my privately rented quarters.
2. Data required by the Privacy Act of 1974 (5 USC 5522):
 - a. Authority: 10 USC 3012; Supplementary Agreement to the NATO SOFA, Article 67, paragraph 3a(a)(I); and AE Regulation 215-6/ USAFE Instruction 34-102.
 - b. Principal Purposes: For the MWR fund manager to verify eligibility of the applicant and obtain requested tax-relief.
 - c. Routine Uses: To provide information needed to process documents for tax-relief on utility bills.
 - d. Mandatory or Voluntary Disclosure and Effect of Not Providing Information: Disclosure of information is voluntary. Tax-relief, however, cannot be provided without requested information.

Signature and Date

Witness

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3. The following personal data is provided IAW paragraph 2:

PLEASE PRINT ALL INFORMATION CLEARLY

Sponsor's Name _____
Last, First, MI

VAT Customer Number _____ Grade _____

Spouse's Name _____
Last, First, MI

VAT Customer Number _____ Grade _____

SPONSOR'S INFORMATION

Branch of service _____ DEROS _____

Retired Military Y N (circle one), IF YES, BRANCH OF SERVICE _____

Unit/Organization _____

Mailing Address _____

DUTY PHONE _____ ALTERNATE _____

HOME PHONE _____ CELL PHONE _____

HOME ADDRESS _____
NAME

STREET AND HOUSE NUMBER

POSTAL CODE AND TOWN

Bank information to establish automatic bill payment

BANK BLZ/ROUTING NR. KONTO/ACCOUNT NR

EFFECTIVE DATE SIGNATURE TODAY'S DATE

Signature of Applicant

_____ Date

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FOR CMWRF USE ONLY

Strom/Electric Co _____ Customer Nr. _____

Strom/Electric Co _____ Customer Nr. _____

Zähler/Meter Nr. _____ *Stand*/Reading _____

Gas/Gas Co _____ Customer Nr. _____

Zähler/Meter Nr. _____ *Stand*/Reading _____

Wasser/Water Co _____ Customer Nr. _____

Zähler/Meter Nr. _____ *Stand*/Reading _____

Other Co _____ Customer Nr. _____

Zähler/Meter Nr. _____ *Stand*/Reading _____

NOTE: FOR ADDITIONAL INFORMATION OR ASSISTANCE, CALL YOUR UTAP COORDINATOR AT DSN: 469-1780/COMMERCIAL 0951-300-1780 OR CONTACT BY FAX 0951-297-1289

SIGNATURE OF TRO REPRESENTATIVE