

#### IMRP-B-MWN

# MEMORANDUM FOR USAG RHEINLAND-PFALZ, BAUMHOLDER, TAX RELIEF OFFICE, UNIT 23746 BOX 7949, APO AE 09034-3746

SUBJECT: Request for Utility-Tax Relief

1. I request that the Community Morale, Welfare, and Recreation Fund (CMWRF) *or* USAFE Services Fund enroll me in the Utility-Tax Avoidance Program (UTAP).

a. I agree to pay a fee of \$99 to the CMWRF *or* USAFE Services Fund to cover administrative costs for enrolling in the UTAP.

b. I understand that the CMWRF *or* USAFE Services Fund will arrange with the servicing utility company to bill me without taxes.

c. I understand that the CMWRF *or* USAFE Services Fund is acting as my agent and is not responsible for paying 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 its invoicing policy and FMWR 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 and entitlements any amount owed to the utility company or the CMWRF *or* USAFE Services Fund 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 own 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 *or* USAFE Services Fund (in other words, the tax-relief office) 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 fund manager to verify eligibility of the applicant, obtain requested tax relief, and to provide utility company with necessary information about a new customer.

**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 the requested information.

3. The following personal data is provided in accordance with paragraph 2:

# FOR OFFICIAL USE ONLY

## PLEASE PRINT ALL INFORMATION CLEARLY

Sponsor's Name	
Last, First.	, MI
DOD ID	_ Grade
Spouse's Name Last, First, MI	
DOD ID	_ Grade
SPONSOR'S INFORMATION	
Branch of Service	_ DEROS
Retired military Y N (circle one)	If yes, branch of Service
Unit/organization	
Mailing address	
Duty telephone	_ Alternate
Home telephone	Cell phone
Email address	
Home address	
Name	
Street and house number	
Postal code and town	
Date and signature of appli	icant

#### BANK INFORMATION TO ESTABLISH AUTOMATIC BILL PAYMENT

#### SEPA Mandate (SEPA Payment Authorization Form)

Name & Address of Utility Supplier

Gläubiger-Identifikationsnummer: \_\_\_\_\_\_ (Supplier ID)

Mandatsreferenz: \_\_\_\_\_\_ (Withdrawal Reference Number)

Customer/contract number\_\_\_\_\_

#### 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 above 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 above named utility supplier.)

Hinweis: Ich kann innerhalb von acht Wochen, beginnend mit dem Belastungsdatum, die Erstattung des belasteten Betrages verlangen. Es gelten dabei die mit meinem Kreditinstitut vereinbarten Bedingungen. (Note: Within 8 weeks from the debit date, I can request reversal of the transaction. The terms of my bank apply.)

First Name & Last Name of account holder

German Street Address

German Postal Code and City

Bank Name

\_\_\_\_|\_\_\_

D E	 	 	
IBAN			

Date, City, Account Holder Signature

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### FOR CMWRF OR USAFE SERVICES FUND USE ONLY

Strom/Electric Co	Customer No.
Zähler/Meter No.	Stand/Reading
<i>Gas</i> /Gas Co	Customer No.
Zähler/Meter No.	Stand/Reading
Wasser/Water Co	Customer No.
Zähler/Meter No.	Stand/Reading
Other Co	Customer No.
Zähler/Meter No.	Stand/Reading

NOTE: For additional information or assistance, call your UTAP coordinator at

DSN <u>485-1780</u>, civilian <u>06783-6-1780</u>;

Signature of TRO representative

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