



ASSESSMENT CODE:

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Tax Year 2015
Property Tax Assistance Application (PTAP)
15-6-134, MCA

_____ County

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Contact Phone Number(s) _____

Part I. General Information

Please return your signed and completed application, along with your income documentation, to your local Department of Revenue office. Your application must be postmarked or hand-delivered **by April 15, 2015**. Go to revenue.mt.gov and click on *Property Assessment*, then *Contact Us* for mailing addresses of our 56 local county Department of Revenue offices or call us toll free (866) 859-2254 (in Helena, 444-6900).

If your application is approved, the property tax relief you receive will apply to the first \$100,000 of the taxable market value of your residential property, including up to five acres of land. Once we have processed your completed application, we will send you a letter informing you whether your application has been granted or denied and describing your appeal rights.

Part II. Qualifying Criteria

You must own, or currently be under contract to purchase, a home or mobile/manufactured home. (Please mark one of the check boxes below.)

- Home Mobile/Manufactured Home Only Mobile/Manufactured Home and Land

Each property owner who occupied the property as his or her primary residence for at least seven months during 2014 must sign this form, provide a social security number(s), and check the appropriate box in Part III indicating that he or she is providing income documentation or is filing an income tax extension.

If you are required to file a Montana income tax return, you must include with your signed application a copy of your Montana income tax return and, if they were included in your tax filing, a copy of federal schedules C, D, E and F and Forms 4797 and 8829.

Even if you are filing an income tax extension, your signed application form must be received or postmarked by the April 15, 2015 deadline date. By checking the filing an income tax extension box in Part III, you have until October 25, 2015 to submit your income documentation to the local Department of Revenue office.

If you are not required to file a Montana income tax return, please include with your signed application documentation that verifies all of your taxable and nontaxable income, such as Form W-2 and Form 1099, as well as social security, disability and/or veterans statements, etc.

Total household income for this property tax relief program means the income you reported on your 2014 tax return or returns, excluding losses, depletion, and depreciation and before any federal or state adjustments to income. If you are single and your total household income is greater than \$21,032, you do not qualify for this property tax relief program. Households with more than one owner occupant and a total household income greater than \$28,043 cannot qualify for this property tax relief program.

Part III. Affirmation and Signature(s)

Under penalty of law, I/we affirm that I/we are owners of the property on which we are applying for the property tax benefit, that I/we occupied the property as my/our primary residence for at least seven months during the preceding calendar year and that the information provided in this application form is true and correct.

This completed affirmation, including social security numbers, must be returned with the appropriate income documentation or your application may be denied.

<u>Signature</u>	<u>Social Security Number</u>	<u>Income Documentation Provided</u>	<u>Filing an Income Tax Extension</u>
_____	____ - ____ - ____	<input type="checkbox"/>	<input type="checkbox"/>
_____	____ - ____ - ____	<input type="checkbox"/>	<input type="checkbox"/>
_____	____ - ____ - ____	<input type="checkbox"/>	<input type="checkbox"/>
_____	____ - ____ - ____	<input type="checkbox"/>	<input type="checkbox"/>

Contact Phone Number _____

(We may need to contact you if we have questions regarding your application.)

Part IV. Head of Household Information (To be completed by the applicant if filing as head of household.)

<u>Name of Dependent</u>	<u>Social Security Number</u>
_____	____ - ____ - ____
_____	____ - ____ - ____
_____	____ - ____ - ____
_____	____ - ____ - ____

Part V. For Department Use Only

Geocode: _____

School District: _____

Assessment Code: _____

Granted: Yes No

Applicants Income		Percent Reduction	Class Codes		
Single	Multiple or Head of Household		Land	Imp	Mob
\$ 0 - \$8,413	\$ 0 - \$11,217	80	2132	3137	6237
\$ 8,414 - \$12,900	\$ 11,218 - \$19,630	50	2135	3140	6240
\$ 12,901 - \$21,032	\$ 19,631 - \$28,043	30	2137	3142	6242