

UTAP Enrollment Date: _____

UTAP APPLICATION

Part I

Sponsor Name (Last, First, MI): _____

DOD ID#: _____ Pay grade / Rank: _____

Unit: _____ Office Symbol / Place of Employment: _____

Supervisor or Contractor's Name / Phone _____

Mailing Address: (PSC or CMR) _____

Local Economy Address: _____

Permanent Stateside Address: _____

Duty Phone: _____ Home / Cell Phone: _____

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

DEROS: (DD/MM/YY) _____ Branch of Service: _____

(Civilians DEROS date will be determined by the expiration date on I.D. card.)

Work Email Address: _____

Personal Email Address: _____

Completed by UTAP office

Company Name:

Utility:

Account Numbers:

NOTE: Tax relief on utilities is subject to periodic inspection by U.S. Forces, German Tax, and customs officials

DATA REQUIRED BY THE PRIVACY ACT OF 1974 (5 USC 5522):

- a. **AUTHORITY:** 10 USC Section 3012 and the Supplementary Agreement to the NATO SOFA, Article 67, paragraph 3a (a)(i); and Army in Europe Regulation 215-6/USAFE Regulation 34-102, Individual Tax Relief Program.
- b. **PRINCIPAL PURPOSES:** For 86 FSS Fund Managers to use for obtaining tax relief and to verify eligibility of applicant for Value Added Tax relief.
- c. **ROUTINE USES:** To provide information needed to process documents for tax relief purchases and for tax relief on utility bills and to verify the requester is authorized tax relief.
- d. **MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT OF NOT PROVIDING INFORMATION:** Disclosure of information is mandatory. Tax relief cannot be obtained without the requested information.

Part II

Request for the 86th 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 understand it is mandatory to grant companies permission to access my bank account to deduct payments and failure to do so at any time will terminate my UTAP enrollment. _____

d. I certify that I am not currently indebted to any company or other agency providing the service for which I seek tax relief. Tax-free delivery of services is for my and my dependents use only and that such delivery of tax-free utilities will not benefit any other individual or business. _____

e. I understand that I will be held liable for 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. _____

f. 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. _____

g. I understand the address stated on the application is the **ONLY** address I will receive tax relief. If I move, I must provide the VAT office with all final bills and receipts of payment for my old residence utilities, a new rental agreement, new utility account numbers, and \$99.00 fee. _____

h. If I extend my DEROS, move on base or PCS, I must notify the VAT office of my extension and/or terminate in person with copies of all final bills and receipts of payment for my utilities. _____

i. The UTAP receipt is the only original and I should keep it for the duration of my stay at the residence for which it pertains. _____

j. I agree to pay, per residence, the \$99 enrollment fee to VAT office to defray UTAP administrative costs. _____

k. I understand that the VAT office is not an agent for settling and/or resolving disputes between me and the utility companies. _____

l. I acknowledge that if I am due a refund on my utilities, it is my responsibility to make arrangements with the utility companies. _____

m. Failure to remain compliant in any capacity could result in my UTAP and VAT accounts being temporarily suspended. _____

DELINQUENT ACCOUNTS: As a member of the UTAP program, you are responsible for all utility bills and estimates incurred in your name. Under the terms of the contract, 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 a 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 Civilian, your account will be sent directly to the Treasury 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, provided proof of good standing through automatic deductions with all companies for the past 12 months, and the UTAP enrollment fee is paid again.

Sponsor Signature

Date

Part III

BANK INFORMATION TO ESTABLISH AUTOMATIC BILL PAYMENT

Sponsor Name _____ DOD ID # _____
(Last, First, MI)

Pay Grade/Rank _____ Unit _____ Office Symbol / Place of Employment _____

Local Economy
Address _____

Duty Phone _____ Home/Cell Phone _____

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.

Bank Name (Your banking information) _____ BIC _____

IBAN DE _____

Name of Utility Supplier(s)
(Completed by UTAP office)

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