



DEPARTMENT OF THE ARMY
UNITED STATES ARMY GARRISON GRAFENWOEHR
UNIT 28130
APO AE 09114-8130

IMEU-GFW-MWN

1 October 2011

MEMORANDUM FOR Tax Relief Office, USAG Grafenwoehr

SUBJECT: Request for Utility Tax Relief

1. Reference Army in Europe Regulation 215-6, Individual Tax-Relief Program, 3 August 2009.
2. I request that 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 paying my bills. I further understand that I am responsible for such bills and will provide my banking information permitting the utility company to debit my account. I also agree to keep the account open for 45 days after departure allowing for the final utility invoice to be debited or credited to my account.
 - 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 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 me 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 (in other words, the tax-relief office) at least 4 weeks before vacating my privately rented quarters.
 - g. I understand that with a third notice for late payment from the utility company, I will face discontinuation from the program.
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.

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

PLEASE PRINT ALL INFORMATION CLEARLY

Sponsor's Name _____
Last, First, MI

SSN _____ - _____ - _____ Grade _____

Spouse's Name _____
Last, First, MI

SSN _____ - _____ - _____ Grade _____

SPONSOR'S INFORMATION

Branch of Service _____ DEROS _____

Unit/organization _____

Mailing address _____
Name

_____ Street and house number

Duty telephone _____ Email _____

Home telephone _____ Cell phone _____

Home address _____
Name

_____ Street and house number _____ Postal code and town

BANK INFORMATION TO ESTABLISH AUTOMATIC BILL PAYMENT

_____ Local Bank _____ *BLZ*/routing no. _____ *Konto*/account no. _____

_____ Effective date _____ Signature _____ Today's date _____

_____ Signature of applicant _____ Date _____

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FOR CMWRF USE ONLY

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

NOTE: For additional information or assistance, call your UTAP coordinator at DSN 475-1780, civilian 09641-831780 or fax DSN 475-7191, civilian 09641-837191.

Signature of VAT Office representative