

Kansas Military Personnel Affidavit for Motor Vehicle Tax Exemption

Name: _____ Rank: _____

Address: _____
Street Address City State Zip

Contact Phone Numbers: _____

Service Branch: _____ Duty Station: _____ Unit: _____

Permanent resident state - as shown on LES: _____ ETS Date: _____

Kansas Resident - All must apply:

Pursuant to Kansas statute 79-5107(e), not more than two motor vehicles may qualify for exemption from property taxation in Kansas if the resident individual is "mobilized and deployed" on the date of the application for registration of the vehicle(s). A separate exemption may be granted by the Kansas Board of Tax Appeals for RV-titled vehicles pursuant to K.S.A. 79-52(e)

Check all that apply:

- The military person is shown on the title as the legal owner of the motor vehicle(s) for which the exemption is requested.
- The military person claims Kansas as their permanent state with the military.
- The military person is in the full-time, regular military service of the United States or the military person is a member of the
- National Guard or Reserves and mobilized, in receipt of orders to report for active duty at a certain date, title 10, regardless of where the vehicles are maintained.
- The motor vehicle is not used in or arising from a trade or business.

Enter Vehicle Information - Cannot list more than 2:

Vehicle Make	Year	Vehicle Model	Vehicle ID Number - VIN	License Plate #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Non-Kansas Resident - All must apply:

- The military person is shown on the title as the legal owner of the motor vehicle(s) for which the exemption is requested.
- The military person is in the full-time, regular military service of the United States.
- The military person is absent from their permanent residence solely by reason of military orders.
- The military person is stationed in Kansas.
- The motor vehicle is not used in or arising from a trade or business.

Signature of Military Person or Authorized Agent:

I do hereby certify that the information set forth in this application is true and correct to the best of my knowledge.

X _____
Signature of military person or authorized agent Date Relationship if authorized agent

This form must be accompanied by a copy of your military orders/ORB/ERB and current full month LES