

Missoula County  
Dept of Revenue Office  
2681 Palmer Street, Suite I  
Missoula, MT 59808-1707  
(406) 329-1400

EXHIBIT 2  
DATE 1/20/15  
HB 172



ADDRESS SERVICE REQUESTED

ASSESSMENT CODE:  
0002461004

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

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**Part I. General Information**

Please return your signed and completed application, along with your income documentation, to your local Department of Revenue office at the return mailing address shown above by **April 15, 2015**. If we do not receive your application by April 15, 2015, you may not be eligible for property tax relief.

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 telling you whether your application has been granted or denied, and describing your appeal rights.

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**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 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. Name and Address Change**

If your name and address is different from that printed on page 1 or you are a new applicant, please complete this section.

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

**Part VI. For Department Use Only**

Geocode: 04-2200-32-3-04-35-0000

School District: 1-1

Assessment Code: 0002461004

Granted:  Yes  No

| Applicant 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 |