

Millard County Auditor
Bonnie L. Smith-Pfaff
50 South Main Street
Fillmore, UT 84631
(435) 743-5227
Fax (435) 743-8019

2025 GENERAL TAX RELIEF



Office Info:

*Please file early. We may need
Additional documents from you.*

***ALL APPLICATIONS MUST BE
SUBMITTED BY SEPTEMBER 2nd, 2025.***

APPLICANT

1. _____
Last Name First Middle

2. _____ 3. _____
Date of Birth Social Security Number

4. _____
Email

5. _____
Applicant Phone Number

11. _____
Parcel Number/Account Number

CO-OWNER

6. _____
Last Name First Middle

7. _____ 8. _____
Date of Birth Social Security Number

9. _____
Email

10. _____
Co-Owner Phone Number

12. _____
Address City & State Zip Code

13. ☐ Yes ☐ No Is this property your primary residence? **(County may require residency verification.)**

14. ☐ Yes ☐ No Did you own this property as of January 1, 2025?

15. ☐ Yes ☐ No Is your property in a Trust Account? **(If yes, a copy of the Trust must be on file in our office.)**

If yes, were there any changes to the trust in the past year? ☐ Yes ☐ No (Include copy of changes)

16. ☐ Yes ☐ No Have you filed for any Tax Relief this year in another county or state?

If yes, prior address: _____

CIRCUIT BREAKER & ABATEMENT (17-24)

17. ☐ Yes ☐ No Will you be age 66 or older before December 31, 2025?

18. ☐ Yes ☐ No Are you an unmarried widow or widower?

If yes, month and year of spouse's death: _____ (First time applicants please submit copy of death certificate)

19. ☐ Yes ☐ No Are you disabled? **(Submit additional form: Medical Statement signed by doctor if we don't have on file)**

20. ☐ Yes ☐ No Are paying taxes an extreme hardship?

21. ☐ Yes ☐ No Will you live in Utah for the entire year of 2025?

22. ☐ Yes ☐ No Will you reside at this address for 10 months out of the year?

If you answered "No" please explain: _____

23. ☐ Yes ☐ No Did anyone claim you on their 2024 tax return? (Do you rely on someone else for financial support?)

24. ☐ Yes ☐ No Do you own any Real Estate? If yes, please list addresses: _____

Complete the Financial Information section (32-39) on the back of this form and submit supporting documents.

SELLING YOUR HOME THIS YEAR? CONTACT US FIRST FOR MORE INFO!

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BLIND EXEMPTION (25 &26)

25. ☐ Yes ☐ No I am legally blind in both eyes. (A verification statement signed by a licensed ophthalmologist must be attached or on file in our office)

OR 26. ☐ I am an unmarried spouse or minor orphan of a deceased blind person. NOTE: If you checked box 26, please file a copy of the death certificate with the Auditors Office.

You do not need to complete the financial information below for the Blind Exemption, skip to lines 40-42 Oath & Signature.
For blind exemption on personal property (cars, trailers, etc.) please contact our office.

SENIOR TAX DEFERRAL (27-31)

27. ☐ Yes ☐ No Will you be age 75 or older by December 31, 2025? **(Submit proof of age.)**

28. ☐ Yes ☐ No Have you owned your primary residence for a continuous 20-year period as of Jan 1 this year?

29. ☐ Yes ☐ No Is there a mortgage (including reverse mortgage) or other trust deed on the property?

30. ☐ I understand that the Senior Tax Deferral program does not reduce my property taxes. My property taxes will accrue, with interest, and the accrued amount will be due when the property is no longer my primary residence.

You must complete the Financial Information on lines 31-39 below and submit supporting documents.

31. If applying for the Abatement or Senior Tax Deferral Program on lines 27-30, list any liquid asset balances below.

<u>Savings</u>	<u>Checking</u>	<u>Cash on Hand</u>	<u>CD & Money Market</u>	<u>Other</u>
\$	\$	\$	\$	\$

Financial information (32-39) – Must include 2024 income documents. See below.

32. You must list all household members living in the home during 2024. Include their income in lines 33-39 below.

Name	Age	Relationship	Name	Age	Relationship
_____			_____		
_____			_____		

2024 GROSS INCOME – INCLUDE INCOME FOR YOU & ALL PEOPLE LISTED IN ITEM #31.

You Must Attach 2024 Income Documents to Verify These Amounts.

33. Social Security, railroad retirement benefits and/or other government programs.	\$
34. Gross wages, salaries, tips, and/or other compensation.	\$
35. Pensions, annuities, V.A. Disability benefits and/or trust income.	\$
36. Welfare, unemployment, alimony, IRA disbursements and/or strike benefits.	\$
37. Interest and/or dividends (taxable and non-taxable).	\$
38. Other Income (Specify: rent, capital gains etc.)	\$
39. TOTAL 2024 GROSS HOUSEHOLD INCOME (Add lines 32 through 37)	\$

OATH AND SIGNATURE (40-42) **ALL DOCUMENTS MUST BE SUBMITTED BY: September 2nd**

Under penalties of perjury, I declare that I am a lawful resident of Millard County and, to the best of my knowledge and understanding, the information supplied on this application and all documents attached are true, correct, and complete. I have included the income from all members of the household and authorize Millard County to inspect and/or receive tax information on household members from any office of the IRS or the State Tax Commission as well as records from any financial Institution.

40. Applicant's Signature: _____ 41. Co-Owner's Signature: _____

42. Date: _____

If someone other than the applicant is preparing and/or signing the form, please attach a copy of the Power of Attorney

Name of Person Preparing This Form: _____ Phone: _____

Full Address: _____