



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

AMIM-BAW-N

Date: \_\_\_\_\_

MEMORANDUM FOR USAG Bavaria Tax Relief Office

SUBJECT: Request for Utility-Tax Relief

1. Reference AER 215-6 (Individual Tax-Relief Program), 10 October 2020

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 \$99 to the CMWRF to cover administrative costs for enrolling in the UTAP.

\_\_\_\_b. I understand 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 agree to make timely payments to the utility company in accordance with its invoicing policy.

\_\_\_\_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 my own 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 I have to provide Meter Readings annually and when asked by the utility company.

\_\_\_\_g. I understand that it is my responsibility to notify this office (CMWR VAT Office) at least 4 weeks before vacating my privately rented quarters. I will have sufficient funds available for 8 weeks after my departure to cover open utility bills.

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

Sponsor's Name: \_\_\_\_\_ DOD ID#: \_\_\_\_\_

Grade/Rank: \_\_\_\_\_ Service: \_\_\_\_\_ DEROS: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Unit/Organization: \_\_\_\_\_ Duty Phone: \_\_\_\_\_

Mailing Address: CMR: \_\_\_\_\_ Box: \_\_\_\_\_ APO AE: \_\_\_\_\_

**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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Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Work Email: \_\_\_\_\_ Civ. Email: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_

4. Bank information to establish Automatic Bill Payment (see SEPA Handout in Required Information section):

Name & Address of Utility Supplier: \_\_\_\_\_

Customer Information:

\_\_\_\_\_  
First & Last Name of account holder (Max 27 Letters)

\_\_\_\_\_  
Bank Name

\_\_\_\_\_  
Bank Identifier Code (BIC)

DE \_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ |  
IBAN (International Banking Account Number)

5. Meter readings:

Strom/Electric Co	Customer No.
Zähler/Meter No.	Stand/Reading
Gas/Gas Co	Customer No.
Zähler/Meter No.	Stand/Reading
Wasser/Water Co	Customer No.
Zähler/Meter No.	Stand/Reading

Date of Meter reading: \_\_\_\_\_ Date moved in: \_\_\_\_\_

Size of Household: Adults: \_\_\_\_\_ Children: \_\_\_\_\_

Amount of monthly installments: € \_\_\_\_\_ (Filled in by UTAP Office)

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of TRO representative

\_\_\_\_\_  
Date received by TRO