APPLICATION FOR MILITARY EXEMPTION

SERVICE MEMBER INFORMATION

Full Legal Name: _____
Last Name First Name M.I.

Current Physical Address: _____

_____

Current Mailing Address: _____

_____

Social Security #: _____

State from Tax Box on L.E.S.: _____ **Retirement/End of Service Date**: _____

Service Member's Signature: _____
Date

SPOUSE INFORMATION

Note: This section must be completed if property is jointly titled with service member or solely titled in spouse's name

Full Legal Name: _____
Last Name First Name M.I.

Social Security #: _____

State of Legal Residence: _____ (Must provide a copy of military spouse's ID card front and back)

Spouses' Signature: _____
Date

****A current Leave and Earning Statement must be included with this application and returned by March 1st of each year****

Mail to :

Richard W. Bradshaw
Commissioner of the Revenue
PO Box 283
Williamsburg, VA 23187-0283
Phone: (757) 253-6695