

MARYLAND STATE DEPARTMENT OF ASSESSMENTS & TAXATION
CERTIFICATION of ACTIVE DUTY STATUS
FOR CONTINUED EXEMPTION as DISABLED ACTIVE DUTY SERVICE MEMBER

To be filed with the Supervisor of Assessments at the appropriate office; a list of offices is attached.

This form seeks information for the purpose of a disabled active duty service member's exemption on the indicated property. Failure to provide this information will result in removal of your exemption. However, some of this information would be considered a "personal record" as defined in General Provisions Article, §4-501. Consequently, you have the statutory right to inspect your file and to file a written request to correct or amend any information you believe to be inaccurate or incomplete. Additionally, personal information provided to the State Department of Assessments and Taxation is not generally available for public review. However, this information is available to officers of the State, county or municipality in their official capacity and to taxing officials of any State or the federal government, as provided by statute.

Certification Tax Year: _____
County Account Number: _____ (Baltimore City) Ward ___ Section ___ Block ___ Lot ___
Exempt Property Address: _____
Full Name of Property Owner(s): _____
Does the Property remain the principal residence of the disabled active duty service member: [] YES [] NO
Current Duty Station (Name & Location): _____
Active Duty Enlistment Term Expires: _____

I declare under the penalties of perjury, pursuant to Section 1-201, Tax Property Article, of the Annotated Code of Maryland, that this application has been examined by me and to the best of my knowledge and belief is a true, correct and complete application.

Signature of Disabled Active Duty Service Member Date Daytime Phone
Printed Name of Disabled Active Duty Service Member Email Address
Current Mailing Address (if different than Address of Property)

ACTIVE DUTY CERTIFICATION (to be signed by applicant's Commanding Officer)

I, the undersigned, do hereby certify the service member above is active duty under my command and their active duty enlistment term expiration date is true and accurate.

Commanding Officer's Signature Date Office Phone
Commanding Officer's Printed Name Rank

ASSESSMENT OFFICE USE ONLY

Comments: _____
Continued Exemption Approved [] Disapproved []
Supervisor's Signature: _____ Date: _____