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Exemption Application

This application is for exemption from ad-valorem property tax, as enacted by the Utah Legislature (see UCA § 59-2-1101). Please answer all questions thoroughly. Failure to supply all the information may result in a denial of exemption. The Board of Equalization reserves the right to request additional information or require a representative of the property owner to appear in person and give sworn testimony regarding applicant's claim for exemption.

Please submit copies of the following documents with your application:

- A) Articles of Incorporation of the nonprofit entity
- B) Current bylaws and/or organization information
- C) Most recently filed tax returns or reports to the Internal Revenue Service (IRS) reflecting the use of the property (Not required if your organization is a church)
- D) Financial information related to use of the property (balance sheets, profit/loss, income statements, or any other applicable statements)
- E) Letter from the IRS acknowledging your exemption under section 501(c) of the Internal Revenue Code

Please return the application and other required documents to the address listed at the top of this page. If you have any questions, contact Dakota Wurth at (801) 399-8112 or BOE@webercountyutah.gov.

1. Organization Name: _____

Organization Address: _____

Mailing Address: _____

Name of Property Owner: _____

Address of Property Owner: _____

Contact Name: _____

Contact Phone Number: _____

Contact Email: _____

2. Please identify the constitutionally defined category you qualify for exemption under:

Religious _____

Educational _____

Charitable _____

Other (Please explain) _____

3. Purpose for which the non-profit entity is organized: _____

SCHEDULE A- REAL PROPERTY
(If any owned by the applying organization)

1. Real Property Parcel Information (add additional pages as necessary):

Parcel Number	Date Acquired	Date Nonprofit Use Began
A.		
B.		
C.		

2. Please supply a current photograph of each property.

3. Briefly describe all improvements on each property (such as buildings or other physical structures):

A. _____

B. _____

C. _____

4. Has the nonprofit use, activity, and function continued without interruption since the nonprofit use began? If not, please explain.

5. Is this property used exclusively for nonprofit activities? If not, please describe all other uses and what portions of the property are used for nonprofit activities. (Add additional pages if necessary.)

6. Do you rent out, or lease, any part of the property, buildings, or structures? **If no, please skip to item J.** If yes, please answer the following questions.

A. To whom is the property rented or leased? _____

B. Describe the portion being rented or leased. _____

C. What do you receive as payment? _____

D. How is the amount of payment determined? _____

7. If the answer to item 6 is **YES**, do any shareholders, owners, or other members of the nonprofit benefit from any of the net earnings, products, or services received from the rental/lease of the property? (Please describe in detail.)

8. What amount of net earnings or products did the use of your property create last year?

9. How much of the amount in #8 was used directly for charitable purposes? (Please explain in detail the nature of the direct charitable use) _____

10. Does the nonprofit entity provide a significant service to others without the immediate expectation of material award? (Please explain) _____

11. Are the beneficiaries of the charity unrestricted? If restricted, please explain how the restriction supports the entity's charitable objectives. _____

12. Does anyone receive compensation (wages, goods, services or other benefits) for services rendered with respect to the use of the property? **If no, skip to item 13.**
If yes, please describe in detail. _____

For each person receiving compensation, please describe their relationship to the owners of the property. (Is s/he an officer, trustee, director, shareholder, lessor, member, employee or contributor?)

A. Persons or organizations benefitted: _____

B. The amounts of such benefits: _____

C. How these people or organizations were selected to be a recipient: _____

13. If the use of the property did not create profits or net earnings, but resulted in benefits to any person or organization, please explain: _____

14. If the property does not produce income, please describe in detail how the use of the property is supported. (Such as donations, grants, etc.): _____

SCHEDULE B - PERSONAL PROPERTY

1. Please complete the following table for all personal property for which exemption is requested. Be certain to check the box which best describes the property. This list should also include property which is rented or leased. (Two examples are shown below.)

Item	Date Acquired (MM/YR)	Value	Furniture, Merchandise, Fixtures	Machinery & Equipment	Other Personal Property	Is This Property Rented/Leased? ** Y or N **
<i>Stove</i>	<i>04/16</i>	<i>\$8,500</i>		<i>X</i>		<i>N</i>
<i>Chairs</i>	<i>12/13</i>	<i>\$800</i>	<i>X</i>			<i>Y</i>

2. Please list all mobile personal property such as: motor vehicles, motorcycles, scooters, bikes, campers, motor homes, travel trailers, and recreational vehicles. (Two examples are shown below.)

Year	Make	Model	Type of Vehicle	Vehicle I.D. Number (VIN #)	License Plate (Optional)
<i>1965</i>	<i>Dodge</i>	<i>Caravan</i>	<i>Passenger</i>	<i>123AB45678CD90</i>	<i>ABC123</i>
<i>2005</i>	<i>Yamaha</i>	<i>Bonneville</i>	<i>Street Motorcycle</i>	<i>YD564852</i>	<i>123ABC</i>

(Choice for "TYPE of Vehicle" would include: Passenger Vehicle, Small Motor Vehicle, Personal Watercraft, Other Trailer (Non Commercial), Off-Highway Recreational Vehicle, Street Motorcycle, Travel Trailer, Tent Trailer, Truck Camper, Boat)

**If any of the above property is rented or leased (marked with Y), please provide the contact information (Name, Address, Telephone Number) of the Lessor or Renter below:

I certify that all the information contained in this application is true and agree this information is submitted to the Weber County Board of Equalization to grant exempt status to the organization.

Signature: _____ Signature: _____

Print Name: _____ Print Name: _____

Title: _____ Title: _____

Date: _____