



**DEPARTMENT OF THE ARMY
UNITED STATES ARMY GARRISON RHEINLAND-PFALZ
UNIT 23152
APO AE 09067-3152**

AMIM-RPW-N

11 January 2024

MEMORANDUM OF AGREEMENT WITH USAG RHEINLAND-PFALZ TAX RELIEF OFFICE

SUBJECT: Request for Utility Tax Relief Support per Army Europe Regulation (AER) 215-6

1. I request that the Community Morale, Welfare, and Recreation Fund (CMWRF) enroll me in the **Utility Tax Avoidance Program (UTAP)** in agreement with the following conditions:

- a. I agree to pay a service fee of \$99.00 to the CMWRF to cover administrative costs for enrolling in UTAP.
- b. I understand that the CMWRF will arrange with the servicing utility company to bill me without taxes (tax-free).
- c. I understand that the CMWRF *or* USAFE Services Fund is acting as my agent and is not responsible for paying my bills. I further understand that I am responsible for such utility bills and agree to make timely payments to the utility company in accordance with its invoicing policy and **Family and MWR SOP, NSD, #21-24, Utility Tax Avoidance Program.**
- 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 or USAFE Services Fund 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 dependents use and 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 that it is my responsibility to notify the CMWRF or USAFE Services Fund (USAG R-P Kleber UTAP Office or Baumholder UTAP Office) at least 4 weeks before vacating my privately rented quarters.

2. 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.

1. CUSTOMER PRINTED NAME **CUSTOMER SIGNATURE** **DATE**

2. SPOUSE PRINTED NAME **SPOUSE SIGNATURE** **DATE**

FOR OFFICIAL USE ONLY

E-MAIL UC:

LABEL:

SCAN FILE:

PAYMENT:

DATABASE ENTRY:

UTAP REP INITIALS:

(UTAP OFFICIAL USE ONLY)

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

*****PLEASE PRINT ALL INFORMATION CLEARLY*****

SPONSOR'S INFORMATION (HIGHER RANK/ GRADE OF DUAL MILITARY OR CIVILIAN EMPLOYEE)

DOD ID # _____ RANK/ GRADE: _____ DOB: _____ DEROS: _____

LAST NAME: _____ MI: _____ FIRST: _____ UNIT: _____

DSN: _____ CELL: _____ INSTALLATION: _____

WORK E-MAIL: _____ PERSONAL E-MAIL: _____

*****MANDATORY FOR ALL UTAP CUSTOMERS TO COMPLETE*****

SENIOR RATER (ACTIVE DUTY) OR 1ST LINE SUPERVISOR (CIVILIANS/CONTRACTORS) MUST BE PROVIDED:

RANK/ GRADE _____ LAST NAME: _____ FIRST NAME: _____

DSN: _____ EMAIL: _____ UNIT/INSTALLATION: _____

SPOUSE'S NAME (FOR DUAL MILITARY: ALL INFORMATION & BOTH ORDERS ARE REQUIRED):

LAST NAME _____ MI: _____ RANK/GRADE _____ DOD ID# _____

FIRST NAME _____ DOB: _____ UNIT: _____

SUPERVISOR NAME/RANK: _____ DSN: _____ BRANCH OF SERVICE: _____

MILITARY MAILING ADDRESS:

HOME OF RECORD or NEXT OF KIN:

CMR / PSC: _____

STREET: _____

BOX: _____

CITY: _____

APO AE: _____

STATE: _____ ZIP CODE: _____

GERMAN ADDRESS:

CIVILIANS: LQA (Y/N): _____ # IN HOUSEHOLD: _____

STREET: _____ NR: _____ APT: _____

ZIP: _____ CITY/TOWN: _____

PLEASE READ, ACKNOWLEDGE, AND INITIAL:

___ Granting automatic debit to utility company is mandatory for UTAP enrollment/participation per AER 215-6.

___ Outstanding bills due to lack of auto-debit and insufficient funds will result in removal from tax-relief program.

___ Residence changes require final bills and paid receipts be provided prior to enrolling tax-free at new residence.

Supporting documentation for any status changes including DEROS dates need to be provided to the UTAP Office.

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FOR CMWRF OR USAFE SERVICES FUND USE ONLY

(UTAP Customer does not fill out this page.)

<i>Strom/Electric Co</i>	Customer No.
<i>Zähler/Meter No.</i>	<i>Stand/Reading</i>
<i>Gas/Gas Co</i>	Customer No.
<i>Zähler/Meter No.</i>	<i>Stand/Reading</i>
<i>Wasser/Water Co</i>	Customer No.
<i>Zähler/Meter No.</i>	<i>Stand/Reading</i>
<i>Other Co</i>	Customer No.
<i>Zähler/Meter No.</i>	<i>Stand/Reading</i>

Date of Meter Reading: _____

NOTE: For additional information or assistance, please contact your UTAP coordinator at:

Kleber UTAP Office
DSN: 541- 9086/9091

M-Fri 0900-1600 (Location: Bldg. 3245; Room 110) - By Appointment Only
CIV: 0611-143-541-9086/9091

Baumholder UTAP Office
DSN: 531-2896

M-Fri: 1000-1300 & 1400-1700 (Location: Bldg. 8661; Room 148)
CIV: 0611-143-531-2896

New Baumholder UTAP customers: Must attend mandatory Wednesday UTAP briefing at 0900 prior to enrollment.

USARMY Rheinland-Pfalz ID-Europe Mailbox DFMWR VAT Office

usarmy.rheinland-pfalz.id-europe.mbx.dfmwr-vat-office@army.mil

UTAP SIGNATURE / STAMP / DATE

The benefit of enrolling in UTAP, besides receiving tax-relief on services, is that the security deposit (Kaution) will be waived.
To enroll in UTAP, certain conditions must be met:

- Must be an authorized customer under the Status of Forces Agreement (SOFA)
- Utilities must be in the logistically supported customers' name (Sponsor)
- UTAP office must have a valid contract with the utility provider.
- Customer **cannot** be indebted to any previous or current utility provider.

Required documentation to enroll in UTAP:

WHAT AN ACTIVE DUTY CUSTOMER WILL REQUIRE TO SIGN UP FOR THE UTAP PROGRAM

- 1) VALID ID CARD
- 2) OFFICIAL ORDERS assigning you to Germany.
- 3) HOUSING CONTRACT signed by Housing Office (*for rentals*) or PROOF OF OWNERSHIP including Notary Seal (*for homeowners*).
- 4) METER NUMBER(S) AND METER READING(S): Photos cannot exceed **40 days** from the move-in date; **meter number(s) and meter reading(s) must be visible.**
Special Note: A transfer protocol form with **meter numbers and readings** signed by landlord and tenant not exceeding **40 days** can also be accepted.
- 5) IBAN and BIC Account Information. International Banking Numbers from EU countries can be used for enrollment. (Example: DE, BE, NL).
- 6) \$ 99.00 ENROLLMENT FEE payable with U.S Dollars, credit, or debit card.

WHAT A CIVILIAN CUSTOMER WILL REQUIRE TO SIGN UP FOR THE UTAP PROGRAM

- 1) VALID ID CARD (*For Contractors:* SOFA Card with expiration date matching expiration date of ID Card **plus** DD Form 1172 showing assignment to Germany.)
- 2) ORDERS or LETTER OF EMPLOYMENT (LOE) assigning you to Germany with DEROS and Last 4 of SSN.
- 3) RENTAL CONTRACT (*for rentals*) or PROOF OF OWNERSHIP including Notary Seal (*for homeowners*).
- 4) METER NUMBER(S) AND METER READING(S): Photos cannot exceed **40 days** from the move-in date; **meter number(s) and meter reading(s) must be visible.**
Special Note: A transfer protocol form with **meter numbers and readings** signed by landlord and tenant not exceeding **40 days** can also be accepted.
- 5) IBAN and BIC Account Information. International Banking Numbers from EU countries can be used for enrollment. (Example: DE, BE, NL).
- 6) \$ 99.00 ENROLLMENT FEE payable with U.S. Dollars, credit, or debit card.

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