
UNITED STATES ARMY GARRISON RHEINLAND-PFALZ
UNIT 23152
APO AE 09054-3152

IMRP-MWN (215-6)

11 December 2019

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 fee of \$99 to the CMWRF to cover administrative costs for enrolling in the 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 FMWR SOP NSD #21-19, UTAP.
- 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) 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 |
|------------------------|------------------|------|

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DATA Entry Date: _____

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

UTAP OFFICIAL

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 _____ **Middle Int.** _____ **First** _____ **UNIT:** _____

DSN: _____ **Cell:** _____ **INSTALLATION:** _____

Work Email: _____ **HOME E-mail:** _____

1SG/COMMANDER (DEPENDING ON RANK) OR SUPERVISOR INFORMATION MUST BE PROVIDED AS FOLLOWS:

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

DSN: _____

EMAIL: _____ **UNIT:** _____ **INSTALLATION:** _____

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

LAST Name _____ **Middle Int.** _____ **RANK/Grade** _____ **DOD ID** _____

FIRST Name _____ **DOB:** _____ **UNIT:** _____

Supervisor Name/ Rank _____ **DSN:** _____ **Branch of Service:** _____

Military Mailing Address:

CMR / PSC: _____

Box: _____

APO AE: _____

Stateside Address (Home of Record) or NEXT OF KIN:

Street: _____

City: _____

State: _____ **Zip:** _____

German Address

Street: _____ **Nr.** _____ **Apt:** _____

ZIP: _____ **City/Town:** _____

PLEASE READ, ACKNOWLEDGE AND INITIAL:

____ **Granting auto-debit to utility company is mandatory for UTAP enrollment/participation per AER 215-6**

____ **Late Bills due to lack of auto-debit, insufficient funds, etc. will result in removal from tax-relief program**

____ **Change of status or residence requires final bills and paid receipts be provided to VAT office for UTAP**

De-registration

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BANK INFORMATION TO ESTABLISH AUTOMATIC BILL PAYMENT

SEPA Mandate (SEPA Payment Authorization Form)

SEPA-Lastschriftmandat (SEPA Withdrawal Mandate)

Ich ermächtige den oben genannten Versorger, Zahlungen von meinem Konto mittels Lastschrift einzuziehen. Zugleich weise ich mein Kreditinstitut an, die von dem oben genannten Versorger auf mein Konto gezogenen Lastschriften einzulösen.

(I hereby authorize the above utility supplier to withdraw payments from my bank account. At the same time, I am instructing my bank to honor the payment requests from the above named utility supplier.)

Hinweis: Ich kann innerhalb von acht Wochen, beginnend mit dem Belastungsdatum, die Erstattung des belasteten Betrages verlangen. Es gelten dabei die mit meinem Kreditinstitut vereinbarten Bedingungen.

(Note: Within 8 weeks from the debit date, I can request reversal of the transaction. The terms of my bank apply.)

First Name & Last Name of account holder

Account Holder's German Street Address

German Postal Code and City

Bank Name

BIC _____

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|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Account Holder Signature, Date

FOR CMWRF OR USAF SERVICES FUND USE ONLY**(UTAP Customer does not fill this out.)**

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

Date of Meter Reading: _____**NOTE:** For additional information or assistance, call your UTAP coordinator at:

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

Or your local VAT Offices at:

ROB VAT Office M-Fri 0900-1700
DSN 541-9089 CIV: 0611-143-541-9089

Kleber VAT Office M-Fri 0900-1600
DSN 314-483-1780 CIV: 0631-411-1780

Landstuhl VAT Office M-Th 1000-1300 and 1400-1700; Fri 1300-1700
DSN 314-486-1780 CIV: 06371- 86-1780

Baumholder VAT/UTAP Office: M-Fri 1000-1300 and 1400-1700;
DSN 314-531-2896 CIV: 0611-143-531-5896

UTAP SIGNATURE / STAMP / DATE**The benefit of enrolling in UTAP, besides receiving tax-relief on services, security deposits will be****waived. In order to enroll in the UTAP, certain conditions must be met:**

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

Required documentation and information to enroll:**WHAT AN ACTIVE DUTY CUSTOMER WILL NEED TO SIGN UP FOR THE UTAP PROGRAM**

- 1) VALID ID CARD
- 2) ORDERS assigning you to Germany or Letter of Employment from Human Resources Office stating that you are logistically supported.
- 3) HOUSING CONTRACT signed by HOUSING For Rentals or FORM with SEAL from Notary for HOMEOWNERS
- 4) METER READING AND METER NUMBER :Photos that are less than 45 days old on your SMART device, showing both Meter Number and Meter Reading are a must!
- 5) IBAN INFO and BIC. This is the International Banking Number from your Local Credit Union or Bank
- 6) \$ 99 payable with cash, credit or debit card.

WHAT A CIVILIAN CUSTOMER WILL NEED 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 or FORM with SEAL from NOTARY for HOMEOWNERS
- 4) METER READING AND METER NUMBER: Photos that are less than 45 days old on your SMART device, showing both Meter Number and Meter Reading are a must!
- 5) IBAN INFO and BIC. This is the International Banking Number from your Local Credit Union or Bank
- 6) \$ 99 payable with cash, credit or debit card.

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