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

IMRP-MWN

6 March 2020

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 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 #21-20, 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.

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1. CUSTOMER PRINTED NAME	CUSTOMER SIGNATURE	DATE
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2. SPOUSE PRINTED NAME	SPOUSE SIGNATURE	DATE
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**FOR OFFICIAL USE ONLY**

**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**

**FOR OFFICIAL USE ONLY**

**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 USAFE SERVICES FUND USE ONLY****(UTAP Customer does not fill out this page.)**

<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, please contact 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:

**Kleber VAT Office**    M-Fri 0830-1600  
DSN: 314-483-1780    CIV: 0631-411-1780

**ROB VAT Office**      M-Fri 0900-1700  
DSN 314-541-9089    CIV: 0611-143-541-9089

**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. 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
- 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 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.**
- 5) IBAN and BIC banking information *from Germany*. This is the International Banking Number from your local Credit Union or Bank.
- 6) \$ 99 SERVICE FEE payable with cash (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.**
- 5) IBAN and BIC banking information *from Germany*. This is the International Banking Number from your local Credit Union or Bank.
- 6) \$ 99 SERVICE FEE payable with cash (U.S. Dollars), credit or debit card.

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