



Personal Property Tax Waiver Application

Bob Boyer

Jefferson County Assessor

E-MAIL TO: [ppassessor@jeffcomo.org](mailto:ppassessor@jeffcomo.org) FAX TO: 636-797-5083

DATE \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ M/I \_\_\_\_\_ SPOUSE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHYSICAL ADDRESS (If different from mailing) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_ E-mail Address \_\_\_\_\_

DID YOU OWN A VEHICLE ON JAN. 1, 2024? Y ☐ N ☐ DID YOU LIVE IN JEFFERSON CO. JAN. 1, 2024? Y ☐ N ☐  
DID YOU OWN A VEHICLE ON JAN. 1, 2025? Y ☐ N ☐ DID YOU LIVE IN JEFFERSON CO. JAN. 1, 2025? Y ☐ N ☐  
DID YOU OWN A VEHICLE ON JAN. 1, 2026? Y ☐ N ☐ DID YOU LIVE IN JEFFERSON CO. JAN. 1, 2026? Y ☐ N ☐

REASON FOR WAIVER (PLEASE CHECK APPROPRIATE BOX)

☐ FIRST VEHICLE \_\_\_\_\_  
DATE OF PURCHASE \_\_\_\_\_

NEW RESIDENT TO MISSOURI  
DATE MOVED: \_\_\_\_\_  
STATE MOVED FROM: \_\_\_\_\_

☐ MILITARY \_\_\_\_\_  
HOME OF RECORD \_\_\_\_\_

☐ TAX-EXEMPT ORGANIZATION (CHURCHES, BOY SCOUTS, ETC.)

IF YOU ARE STATIONED IN MISSOURI AND YOUR HOME OF RECORD IS IN ANOTHER STATE, YOU MUST PROVIDE A COPY OF YOUR L.E.S. FORM TO BE ELIGIBLE FOR A TAX WAIVER.

FOR A TAX WAIVER TO BE ISSUED TO A TAX-EXEMPT ORGANIZATION YOU MUST PROVIDE A COPY OF EACH VEHICLE'S TITLE OR REGISTRATION, AND YOUR SALES TAX EXEMPTION FROM THE STATE OF MISSOURI.

PROVIDE INFORMATION OF PROPERTY BELOW

YEAR	MAKE (EX: FORD, CHEVY)	MODEL/SERIES (EX: FUSION SE)	CAB SIZE (REG, EXT, QUAD, CREW)	TONS (½, ¾, 1)	LENGTH/CC'S/HP (CAMPER, TRAILER, MOTORCYCLE, BOAT)	VEHICLE IDENTIFICATION NUMBER VIN																

I assert the above information is correct as of todays date.

SIGNATURE \_\_\_\_\_

IN ORDER FOR THIS APPLICATION TO BE PROCESSED YOU MUST INCLUDE THE FOLLOWING:

- COPY OF THE FRONT AND BACK OF TITLE (BACK OF TITLE SHOULD BE COMPLETELY FILLED OUT), TITLE APPLICATION OR REGISTRATION FORM
- COPY OF DRIVER'S LICENSE (IF AN OUT OF STATE DRIVERS LICENSE YOU MUST PROVIDE PROOF OF PHYSICAL ADDRESS)

OFFICE USE ONLY:	SCHOOL	FIRE	AMB	ROAD	CITY

YEAR(S) WAIVED: \_\_\_\_\_ & \_\_\_\_\_

YEAR ASSESSED: \_\_\_\_\_ CLERK: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_