

**TAX EXEMPTION APPLICATION FOR SURVIVING SPOUSES OF
DECEASED SERVICE MEMBERS WHO DIED AFTER 1/1/2011**

TAX YEAR

2025



April Crabtree
 Commissioner of the Revenue
 One Government Center Place, Suite C
 Abingdon, VA 24210-8484

**Need Assistance?
Call (276) 676-6271**

NAME (APPLICANT / OWNER):	SOCIAL SECURITY #:	BIRTH DATE:	AGE:	PHONE #:
MAILING ADDRESS:		STREET ADDRESS IF DIFFERENT THAN MAILING ADDRESS:		
Certification & Marriage License Attached: YES <input type="checkbox"/>		ON FILE <input type="checkbox"/>		OFFICE USE ONLY
Privacy Act Notice: Disclosure of your Social Security number on this form is mandatory, as authorized by the Virginia State Code Section § 58.1-3017. Social Security numbers are regarded as confidential, and except as otherwise provided by law, these numbers will not be disclosed for any other purpose.				
IS THIS PROPERTY OCCUPIED AS THE PRINCIPAL RESIDENCE BY THE SURVIVING SPOUSE? YES <input type="checkbox"/> NO <input type="checkbox"/>				

TAX MAP NUMBER _____

I (we) certify, under the penalties provided by law, that this application for Tax Exemption, including accompanying documentation or statements, to the best of my knowledge and belief is true, correct, and complete.

 Signature of Applicant/Owner

 Signature of Co-owner(if applicable)

 Date

 Signature of Preparer (if not applicant)

 Relationship to Applicant

 Date

 Phone Number

****A change in primary residence requires that a new application be submitted.
 The applicant must notify the Commissioner of Revenue of any remarriage.