



DEPARTMENT OF THE ARMY
UNITED STATES ARMY GARRISON - STUTTGART
UNIT 30401
APO AE 09107-0401

IMEU-STU-MWN

MEMORANDUM OF AGREEMENT WITH USAG-STUTTGART

SUBJECT: Request for Enrollment in the Utility Tax Avoidance Program (UTAP)

1. Reference: Army in Europe Regulation, AER 215-6, 24 Nov. 2009
2. Request the Stuttgart Garrison Family and Morale, Welfare, and Recreation (FMWR) enroll me in UTAP. With my enrollment, I agree to the following conditions. (Initial all)
 - _____ a. I agree to pay a fee of \$99.00 to the Family and MWR to defray administrative cost for enrollment in UTAP. An additional fee of \$99.00 will be charged only if customer desires to changing utility companies or moving to another location.
 - _____ b. I understand that Family and MWR will arrange with the requested utility company to bill me without taxes.
 - _____ c. I understand that Family and MWR is acting as my agent and is not responsible for payment of my bills.
 - _____ d. I understand I am responsible for such bills and agree to establish, from my local bank account, an automatic bank draft to the utility company in accordance with their payment schedules.
 - _____ e. I understand that with a third notice for late payment from the utility, the Garrison prepares a request for removal from the UTAP program. This is forwarded to the Garrison Commander for signature.
 - _____ f. I understand I am liable for payment of penalty charges or administrative costs of 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 owned to the utility company or the CMWRF or USAFE Service Fund for enrolling in this program.
 - _____ g. I certify that I am currently not indebted to the utility company providing the services for which I seek tax relief.
 - _____ h. I certify the tax-free delivery of services is for me or my family's use and that such delivery will not benefit any other individual or business.
 - _____ i. I understand it is my responsibility to notify the Family and MWR with my final utility meter readings at the time of vacating my economy quarters so the UTAP office can assist in obtaining my final bill(s).
 - _____ j. I agree to keep my local bank account open for 90 days after departure for payment of outstanding bills and/or receipt of credits related to overpayment.
 - _____ k. I understand customer assistance is provided only for companies under contract with the Family MWR.

I have read and understand the terms of my application for the UTAP program.

Signature: _____ Date: _____

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UTAP APPLICATION
PLEASE COMPLETE ALL FIELDS WHEN POSSIBLE

SPONSOR'S NAME (LAST, FIRST MI)

DOD NUMBER

GRADE SERVICE BRANCH DEROS

SPOUSE'S NAME (LAST, FIRST)

UNIT/ORGANIZATION

MAILING ADDRESS: CMR BOX APO AE

DUTY PHONE, DSN HOME PHONE CELL PHONE

WORK EMAIL ADDRESS

CIV EMAIL ADDRESS

SUPERVISOR NAME SUPERVISOR PHONE NUMBER

(CUSTOMER SIGNATURE)

(DATE)

FOR COMPLETION BY TAX RELIEF OFFICE

RECEIVED TRO: _____ DATE: _____

DATA REQUIRED BY THE PRIVACY ACT OF 1974 (5 USC 5522)

The following personal data is provided IAW paragraph 2.

Authority 10 USC Section 3012 and the Supplementary Agreement to the NATO SOFA Article 67, paragraph 3a. (a) (1), and USAREUR Reg 215-6/USAFE Reg 176-1 Administration of Value Added Tax (Vat) Relief in the Federal Republic of Germany.

Principal Purposes: For the Family and MWR Fund Manager to verify eligibility of applicant and obtain requested tax relief.

Routine Uses: To provide information needed to process document for tax relief on utility bills. Mandatory or Voluntary Disclosure and Effect of not providing Information: Disclosure of information is voluntary, however, tax relief cannot be provided without requested information.