



APPLICATION FOR TAX DEDUCTION FOR DISABLED VETERANS
AND SURVIVING SPOUSES OF CERTAIN VETERANS

State Form 12662 (R15 / 1-16)
Prescribed by the Department of Local Government Finance

INSTRUCTIONS: Please check appropriate box(es) pertaining to tax deduction. (More than one box may be checked; however, a surviving spouse who receives a deduction under Section III may not receive a deduction under Section II.)

FILING DATES:
REAL PROPERTY: FORM MUST BE COMPLETED AND SIGNED BY DECEMBER 31 AND FILED OR POSTMARKED BY THE FOLLOWING JANUARY 5.
MOBILE HOMES (IC 6-1.1-7) OR MANUFACTURED HOMES NOT ASSESSED AS REAL PROPERTY: DURING THE TWELVE (12) MONTHS BEFORE MARCH 31 OF EACH YEAR FOR WHICH THE INDIVIDUAL WISHES TO OBTAIN THE DEDUCTION.
FILE WITH THE COUNTY AUDITOR OF THE COUNTY WHERE THE PROPERTY IS LOCATED.

- ☐ I
- Totally disabled veteran (or veteran at least age 62 with at least 10% disability) or surviving spouse - Not to exceed \$12,480
Complete sections I, IV and V. (IC 6-1.1-12-14)
- ☐ II
- Partially service-connected disabled veteran or surviving spouse - Not to exceed \$24,960
Complete sections II, IV and V. (IC 6-1.1-12-13)
- ☐ III
- Surviving spouse of World War I Veteran - Not to exceed \$18,720
Complete sections III, IV, and V. (IC 6-1.1-12-16)

APPLICANT		
Name of applicant (first, middle, last)		Date of birth (month, day, year)
Address (number and street, city, state, and ZIP code)		County
Applicant (<input type="checkbox"/> does <input type="checkbox"/> does not) own property with another individual(s) besides spouse and/or another veteran.		
This application is made for the purpose of obtaining \$_____ deduction from the assessed valuation of the following described taxable property for the year 20_____. (If applicant desires that deduction be split among additional properties, list those properties on additional sheet and attach it to this application.)		
Taxing District (city, town, township)	Is the property in question: <input type="checkbox"/> Real Property <input type="checkbox"/> Mobile Home (IC 6-1.1-7)	Parcel or Key number
SECTION I - Total Disability OR at least age 62 with at least 10% disability		
A. <input type="checkbox"/> Applicant was a member of the U.S. Armed Forces for at least 90 days (not necessarily during war time).		
B. <input type="checkbox"/> Applicant was honorably discharged.		
C. <input type="checkbox"/> Applicant is: <div><input type="checkbox"/> Totally disabled; or <input type="checkbox"/> At least age 62 with at least 10% disability</div>		
D. <input type="checkbox"/> Applicant's disability is evidenced by: <div><input type="checkbox"/> Certificate of eligibility from the Indiana Department of Veterans Affairs; <input type="checkbox"/> Pension certificate; <input type="checkbox"/> Award of compensation from Veterans Administration or Department of Defense; or <input type="checkbox"/> Veterans Administration Form 20-5455 "Tax Abatement Certificate"</div>		
E. <input type="checkbox"/> The assessed value of all of the tangible property the applicant owns does not exceed \$143,160. Deductions claimed \$_____.		
F. <input type="checkbox"/> Applicant is the surviving spouse of an individual who would have qualified for the deduction under this section when he or she was alive. (Age of deceased veteran on date of death_____)		
SECTION II - Partial Disability		
A. <input type="checkbox"/> Applicant was a member of the U.S. Armed Forces during any of its wars.		
B. <input type="checkbox"/> Applicant was honorably discharged.		
C. <input type="checkbox"/> Applicant has a service connected disability of at least 10%		
D. <input type="checkbox"/> Applicant's disability is evidenced by: <div><input type="checkbox"/> Certificate of eligibility from the Indiana Department of Veterans Affairs; <input type="checkbox"/> Pension certificate; <input type="checkbox"/> Award of compensation from Veterans Administration or Department of Defense; or <input type="checkbox"/> Veterans Administration Form 20-5455 "Tax Abatement Certificate"</div>		
E. <input type="checkbox"/> Applicant is the surviving spouse of an individual who would have qualified for the deduction under this section when he or she was alive. (Age of deceased veteran on date of death_____)		
SECTIONS III, IV, AND V ARE ON REVERSE SIDE		

RECEIPT FOR APPLICATION FOR TAX DEDUCTION FOR DISABLED VETERAN OR SURVIVING SPOUSE OF CERTAIN VETERANS	
I certify that the applicant filed on this date an application for the following deductions described on State Form 12662: <div><input type="checkbox"/> SECTION I <input type="checkbox"/> SECTION II <input type="checkbox"/> SECTION III</div>	
Name of applicant (first, middle, last)	Name of auditor
Parcel or Key number	Date (month, day, year)

SECTION III - Surviving Spouse of a World War I Veteran

- A. ☐ Applicant is the surviving spouse of an individual who served in the U.S. Armed Forces before November 12, 1918.
- B. ☐ The service of the deceased spouse is evidenced by: ☐ Letter from the Veterans Administration or the Department of Defense; or
☐ Honorable discharge documents
- C. ☐ The deceased spouse received an honorable discharge.

SECTION IV - Additional Information

- A. ☐ Applicant owns the property on which the deduction is claimed or is buying it under contract that provides that the applicant is to pay the property taxes, which contract, or a memorandum of the contract, is recorded in the County Recorder's office.
Record number _____ page _____
- B. ☐ Applicant has applied or intends to apply for one or more of these deductions on other property in this county or in another county.
☐ Yes ☐ No Amount \$ _____

County	Taxing district
Second county	Taxing district

SECTION V - Application Verification and Auditor Signature

I certify that the information provided in this application is true and correct. The intentional inclusion of false information on this form is a criminal violation under IC 6-1.1-37-3 or 4.	I certify that this application was filed in my office.
	Date filed (<i>month, day, year</i>)
	Signature of county auditor
Signature of applicant or legal representative	Name of county auditor (<i>typed or written</i>)

VETERAN DEDUCTION WORKSHEET

	20_____	20_____	20_____
1. Total Disability (\$12,480)			
2. Partial disability (\$24,960)			
3. WWI surviving spouse (\$18,720)			
4. Total deduction available (<i>add lines 1, 2, and 3</i>)			
5. Amount applied to real estate key number _____			
6. Amount applied to personal property duplicate number _____			
7. Amount applied to mobile home duplicate number _____			
8. Total deduction applied to taxable property (<i>add lines 5, 6, and 7</i>)			
9. Deduction available for excise* (<i>subtract line 8 from line 4</i>)			
10. Excise credit			

*May be used as an excise tax credit on either the Motor Vehicle Tax (IC 6-6-5-5) or Aircraft License Excise Tax (IC 6-6-6.5-13). For motor vehicles, the unused portion of the veteran deduction reduces the annual excise tax in the amount of two dollars (\$2.00) on each one hundred dollars (\$100.00) of taxable value or major portion thereof.

For aircraft, the credit equals the amount of the unused portion of the veteran deduction multiplied by 0.07.

For more information, see IC 6-6-5-5 and IC 6-6-6.5-13.

The information contained on this form is CONFIDENTIAL according to IC 6-1.1-35-9.