



ROBERT S. WERTZ, JR.
COMMISSIONER

COMMONWEALTH OF VIRGINIA
COUNTY OF LOUDOUN
OFFICE OF THE COMMISSIONER OF THE REVENUE

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SUSAN A. BREEN
CHIEF DEPUTY

IMPORTANT NOTICE REGARDING VEHICLES OWNED BY TRUSTS

Virginia law regarding personal property tax relief requires the Commissioner of the Revenue to ensure that a vehicle receiving personal property tax relief is indeed eligible. In an effort to verify such eligibility, we are requesting you, as a trustee for the trust that owns the subject vehicle, to certify that the vehicle identified below complies with the requirements as indicated in the affidavit below. Please complete the affidavit, sign it before a notary public, and return it to our office within ten (10) days, along with a copy of the trust. If the affidavit is not completed and returned, the vehicle will not be eligible for personal property tax relief.

Your assistance in providing us with the required information is appreciated. Should you have any questions regarding this request, please contact our office at 703-777-0260.

AFFIDAVIT OF USE FOR VEHICLE OWNED BY TRUSTS

I, _____, as Trustee for the

_____ Trust, acknowledge that (1) I am aware that tax relief is limited to passenger vehicles utilized primarily for "personal use" and in no case for a vehicle whose "business use" exceeds 50% during the tax year for which relief is sought, and (2) that tax relief is limited to vehicles with a gross weight of less than 10,001 pounds. As trustee for the trust that is the registered owner of the vehicle described below, I declare to the Commissioner of the Revenue for Loudoun County that the **use** of the vehicle and the **registered gross weight** of the vehicle comply with these statutory requirements for the tax year noted above. I also declare to the Commissioner that the trust is **NOT** responsible for paying any local personal property tax on the vehicle; that the person named below is responsible for paying any local personal property tax on the vehicle; and that any local property tax bill should be mailed in care of such person at the address below. **A copy of the trust has been provided to the Commissioner of the Revenue's Office.**

PERSON RESPONSIBLE TO PAY TAX:	VEHICLE INFORMATION
Name: _____	Account Number: _____
Address: _____	Year & Make: _____
_____	Model: _____
	VIN#: _____

Trustee: _____ Date _____
Trustee Signature

Subscribed and sworn to before me this _____ day of _____

Notary Public Commission Number

Commission Expires: _____