

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

TAX YEAR

**2023**



**Dr. Mark J. Matney**

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

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

<b>NAME (APPLICANT / OWNER):</b>	<b>SOCIAL SECURITY #:</b>	<b>BIRTH DATE:</b>	<b>AGE:</b>	<b>PHONE #:</b>
<b>MAILING ADDRESS:</b>		<b>STREET ADDRESS IF DIFFERENT THAN MAILING ADDRESS:</b>		
Certification & Marriage License Attached: YES <input type="checkbox"/>		ON FILE <input type="checkbox"/>		<b>OFFICE USE ONLY</b>
<b>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.</b>				
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.**