



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

State Form 12662 (R19 / 7-25)

Prescribed by the Department of Local Government Finance

**INSTRUCTIONS:** Please check appropriate box(es) pertaining to the applicable tax deduction. (More than one (1) box may be checked; however, an individual who claims a deduction under Section III may not claim a deduction under Section I or Section II for that same assessment date. (IC 6-1.1-12-14.5))

**FILING DATES:**

This form must be completed, signed, and filed by January 15 of the calendar year in which the property taxes are first due and payable. 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 \$14,000  
Complete Sections I, IV, and V. (IC 6-1.1-12-14)
- ☐ II Veteran with Service-Connected Disability or Surviving Spouse – Not to exceed \$24,960  
Complete Sections II, IV, and V. (IC 6-1.1-12-13)
- ☐ III Deduction for Homestead Donated to Veteran  
Complete Sections III, IV, and V. (IC 6-1.1-12-14.5)

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, townships)	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 TOTALLY DISABLED VETERAN OR VETERAN AT LEAST AGE 62 WITH DISABILITY OF 10% OR MORE		
A. <input type="checkbox"/> Applicant served in the military or naval forces of the United States for at least ninety (90) days (not necessarily during war time).		
B. <input type="checkbox"/> Applicant was honorably discharged.		
C. <input type="checkbox"/> Applicant: <input type="checkbox"/> Has a total disability; or <input type="checkbox"/> Is at least age 62 with at least 10% disability		
D. <input type="checkbox"/> Applicant's disability is evidenced by: <input type="checkbox"/> Certificate of eligibility from the Indiana Department of Veterans Affairs ("IDVA") after IDVA has determined that the individual's disability qualifies the individual to receive a deduction under IC 6-1.1-12-14; <input type="checkbox"/> Pension certificate from the U.S. Department of Veterans Affairs; or <input type="checkbox"/> Award of compensation from U.S. Department of Veterans Affairs		
E. <input type="checkbox"/> The assessed value of the applicant's Indiana real property, Indiana mobile home not assessed as real property, and Indiana manufactured home not assessed as real property does not exceed \$240,000. Deductions claimed \$ _____.		
F. <input type="checkbox"/> Applicant is the surviving spouse of an individual who: (1) would have qualified for the deduction under this section when he or she was alive; or (2) was killed in action, died while serving on active duty, or died while performing inactive duty training. (Age of deceased veteran on date of death _____)		
SECTION II VETERAN WITH SERVICE CONNECTED DISABILITY		
A. <input type="checkbox"/> Applicant served in the military or naval forces of the United States 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% or more.		
D. <input type="checkbox"/> Applicant's disability is evidenced by: <input type="checkbox"/> Certificate of eligibility from the Indiana Department of Veterans Affairs ("IDVA") after IDVA has determined that the individual's disability qualifies the individual to receive a deduction under IC 6-1.1-12-13; <input type="checkbox"/> Pension certificate from the U.S. Department of Veterans Affairs; or <input type="checkbox"/> Award of compensation or disability compensation check from U.S. Department of Veterans Affairs		
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 deduction(s) described on State Form 12662:  <input type="checkbox"/> SECTION I <input type="checkbox"/> SECTION II <input type="checkbox"/> SECTION III	
Name of Applicant (first, middle, last)	Name of Auditor
Parcel or Key Number	Date (month, day, year)

**SECTION III DEDUCTION FOR HOMESTEAD DONATED TO VETERAN**

- A. ☐ Applicant served in the military or naval forces of the United States for at least ninety (90) days.
- B. ☐ Applicant was honorably discharged.
- C. ☐ Applicant has a disability of at least 50%.
- D. ☐ Applicant's disability is evidenced by: ☐ Pension certificate or an award of compensation issued by the U.S. Department of Veterans Affairs; or ☐ A certificate of eligibility issued to the individual by the Indiana Department of Veterans' Affairs ("IDVA") after IDVA has determined that the individual's disability qualifies the individual to receive a deduction under IC 6-1.1-12-14.5
- E. ☐ Applicant's homestead was conveyed without charge to the applicant who is the owner of the homestead by an organization that is exempt from income taxation under the federal Internal Revenue Code.

The amount of the deduction is determined as follows:

1. If the applicant is totally disabled, the deduction is equal to 100% of the assessed value of the homestead.
2. If the applicant has a disability of at least 90% but the individual is not totally disabled, the deduction is equal to 90% of the assessed value of the homestead.
3. If the applicant has a disability of at least 80% but less than 90%, the deduction is equal to 80% of the assessed value of the homestead.
4. If the applicant has a disability of at least 70% but less than 80%, the deduction is equal to 70% of the assessed value of the homestead.
5. If the applicant has a disability of at least 60% but less than 70%, the deduction is equal to 60% of the assessed value of the homestead.
6. If the applicant has a disability of at least 50% but less than 60%, the deduction is equal to 50% of the assessed value of the homestead.

**A veteran who claims this deduction for an assessment date may not also claim the Veteran with Service-Connected Disability Deduction or the Totally Disabled Veteran or Veteran at Least 62 with Disability of 10% or More Deduction under IC 6-1.1-12-13 or 14, respectively, for that same assessment date. Moreover, an unused portion of this deduction may NOT be applied to excise taxes (See the Veteran Deduction Worksheet portion of this form).**

**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 \_\_\_\_\_ (Note that a person applying for a deduction under Section IV must own the property.)
- 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 (month, day, year) _____
	Signature of County Auditor _____
Signature of Applicant or Legal Representative _____	Name of County Auditor (typed or written) _____

**VETERAN DEDUCTION WORKSHEET**

	20_____	20_____	20_____
1. Totally Disabled Veteran or Veteran at Least 62 with Disability of 10% or More (\$14,000)			
2. Veteran with Service-Connected Disability (\$24,960)			
3. Homestead Donated to Veteran (Can be applied only to owner of the homestead; cannot be claimed in conjunction with deduction under IC 6-1.1-12-13 or IC 6-1.1-12-14.)			
4. Total Deduction Available (add lines 1, 2, and 3)			
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 (Add Lines 5, 6, and 7)			
9. Deduction Available for Excise* (Subtract Line 8 from Line 4)			
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.

However, unused portion of Homestead Donated to Veteran Deduction may not be applied toward excise taxes. For more information, see IC 6-6-5-5 and IC 6-6-6.5-13.