



SCOTT A. MAYAUSKY
COMMISSIONER OF THE REVENUE

CERTIFICATE OF LEGAL RESIDENCE (DOMICILE)

This certificate must be filed by all persons claiming exemption from taxation in the State of Virginia under the **Servicemembers Civil Relief Act (SCRA)**.

I, _____
(Rank) (Name) (Branch of Service)

_____-_____-_____- am a legal resident of the State of _____
(Social Security Number)

County of _____, _____ My legal residence
(County Seat)

is _____
(Street Address) (City) (State)

I am temporarily in the State of Virginia for military duty, residing at

(Street Address) (City) (County)

and request that my tangible personal property be assessed in the State and County of my legal residence, as provided for by Section 514 (Amended) of the Soldiers' and Sailors' Civil Relief Act. Estimated value of personal property located in the State of Virginia is \$ _____. None of the personal property described above is used in nor arises from a trade or business.

My state income tax is paid to the State of _____.

I declare that this information has been examined by me and to the best of my knowledge and belief is true, correct, and complete.

(Signature) (Date)

Daytime Telephone Number _____ Email Address _____