# City of Galax

Commissioner of the Revenue 111 E Grayson Street, STE 109 Galax, VA 24333

Phone: 276-236-2528

rfunk@galaxva.com Email: kward@galaxva.com

### 2024 REAL ESTATE TAX EXEMPTION AFFIDAVIT

Name of Person(s) having deed to	be filed with our office no later than	
Date of Birth:	Date of Birth:	May 1, 2024
Street Address:	Telephone #:	
Have you purchased or sold any rea	al estate during the past 12 months? Yes No	

Does anyone live with you other than your spouse? Yes No□ If yes, Name & relationship of person living with you?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**ATTENTION!** 

### **Total Income Amounts You Received as of December 31, 2023:**

Have you received tax relief in previous years? Yes No  $\Box$ 

	Social Security You Received In 2023	Interest You Received In 2023	Dividends You Received In 2023	Pensions You Received In 2023	Rent You Received In 2023	Welfare Amounts You Received In 2023	Stocks & Bonds You Received In 2023	Gifts Capital Gains & Other Income	Total
Your Information									
Spouse Information									
Relative Information (Living with you)									
TOTAL COMBINED INCOMES:									

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## 2024 REAL ESTATE TAX EXEMPTION AFFIDAVIT

# **Your Net Worth During 2023:**

	Real Estate Value You Own Other Than The Property You Are Claiming The Exemp- tion For	Personal Property Values as of December 31, 2023	Amount You Cur- rently Have In Your Savings Account as of December 31, 2023	Amount You Cur- rently Have In Your Checking Account as of December 31, 2023	The Amount of Stocks That You Owned as of December 31, 2023	The Amount of Bonds That You Owned as of December 31, 2023	Cash Value Of Insurance You Owned as of Decem- ber 31, 2023	Other Assets That You Owned as of Decem- ber 31, 2023	Total
Your Information									
Spouse Information									
Total Combined Net Worth:									
		FOR OFFICE USE ONLY:  AMOUNT OF TAX:			MAP #: TOTAL AMOUNT DUE:				
I declare under t						ccompanying scl nd complete affid		we been ex	amined
Your Signature:			Date:	Spous	e's Signature:			Date:	