

Application for Exemption

Date 1/26/22

FORM

from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

457

File with Your
County Treasurer

• Read instructions on reverse side.

Name of Organization <i>Liberty Baptist Church</i>		Tax Year <i>2022</i>	Value of Motor Vehicles <i>\$19,684</i>
Name of Owner of Property <i>Liberty Baptist Church</i>		County Name <i>Dodge</i>	State Where Incorporated <i>NE</i>
Street or Other Mailing Address <i>1106 N. Main St.</i>		Contact Name <i>John McQueen</i>	Phone Number <i>402-813-0460</i>
City <i>Fremont</i>	State <i>NE</i>	Zip Code <i>68025</i>	Email Address <i>johnpmcqueen@gmail.com</i>

Type of Ownership

Agricultural and Horticultural Society Educational Organization Religious Organization Charitable Organization Cemetery Organization

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
<i>John McQueen</i>	<i>Pastor</i>	<i>1120 N. Main St. Fremont, NE 68025</i>
<i>Eric Fenske</i>	<i>Treasurer</i>	<i>1280 Co Rd P Colon, NE 68018</i>
<i>Neil Burns</i>	<i>Board Chairman</i>	<i>1905 N. D Fremont, NE 68025</i>

Description of the Motor Vehicles

• Attach an additional sheet, if necessary.

Motor Vehicle Make	Model Year	Body Type	Vehicle ID Number	Registration Date or Date of Acquisition, if Newly Purchased
SEE ATTACHED <i>Ford</i>	<i>2009</i>	<i>Econoline E350 Super Duty</i>	<i>1FBSS31889DAT6953</i>	<i>12/14/21</i>

Motor Vehicle described above is used in the following exempt category (please mark the applicable boxes):

Agricultural and Horticultural Society Educational Religious Charitable Cemetery

Are the motor vehicles used exclusively as indicated? (see instructions)

YES NO

Give a detailed description of the use of the motor vehicle:
Picking up people for church and church-related activities.

If No, give percentage of exempt use:
_____ %

Under penalties of law, I declare that I have examined this exemption application and, to the best of my knowledge and belief, it is correct and complete. I also declare that I am duly authorized to sign this exemption application.

sign here *[Signature]* _____ *Pastor* _____ *12/23/21* _____
 Authorized Signature Title Date

For County Treasurer Recommendation

Approval Denial

Comments: _____

[Signature] _____ *1-21-22* _____
 Signature of County Treasurer Date

For County Board of Equalization Use Only

Approved Denied

If the County Board's determination is different from the County Treasurer's recommendation, an explanation is required.

I declare that to the best of my knowledge and belief, the determination made by the County Board of Equalization is correct pursuant to the laws of the State of Nebraska.

Signature of County Board Member _____ Date _____

Please retain a copy for your records.