

File with Your  
County Treasurer

# Application for Exemption Date 9/7/22

from Motor Vehicle Taxes by Qualifying Nonprofit Organizations

FORM

**457**

• Read instructions on reverse side.

Name of Organization <u>Dodge County Humane Society</u>		Tax Year <u>2022</u>	Value of Motor Vehicles <u>36,000.00</u>
Name of Owner of Property <u>TAMAR REED</u>		County Name <u>Dodge</u>	State Where Incorporated <u>NE</u>
Street or Other Mailing Address <u>137 S. Luther Rd</u>		Contact Name <u>TAMAR REED</u>	Phone Number <u>402-721-3282</u>
City <u>Foremost</u>	State <u>NE</u>	Zip Code <u>68025</u>	Email Address <u>dodgecountypetrescue@yahoo.com</u>
Type of Ownership <input type="checkbox"/> Agricultural and Horticultural Society <input type="checkbox"/> Educational Organization <input type="checkbox"/> Religious Organization <input type="checkbox"/> Charitable Organization <input type="checkbox"/> Cemetery Organization			

Name	Title of Officers, Directors, or Partners	Address, City, State, Zip Code
<u>Tamar Reed</u>		

**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
<u>Chery Express</u>	<u>2018</u>	<u>Car/Truck</u>	<u>1BCE266F6DT1336629</u>	
<u>Landscape Utility</u>	<u>2018</u>	<u>Trailer</u>	<u>4VM8K1D1XFM203636</u>	

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

If No, give percentage of exempt use:

\_\_\_\_\_ %

Give a detailed description of the use of the motor vehicle:

Transporting animals

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**

Tamar C. Reed  
Authorized Signature

Executive Director  
Title

8-29-2022  
Date

**For County Treasurer Recommendation**

- Approval  
 Denial

Comments: \_\_\_\_\_

Phil Burdette  
Signature of County Treasurer

8/30/22  
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