

Application for Motor Vehicle Property Tax Exemption or Exemption Benefit for Connecticut Residents Who Are Members of the Armed Forces CGS 12-81(53)

This form must be completed and returned to the assessor of the town in which the vehicle described below is subject to taxation, not later than the thirty-first day of December next following the date the property tax is due. The assessor may require you to submit information verifying a motor vehicle lease.

Failure to file by the deadline constitutes a waiver of the right to claim the property tax exemption or refund under §12-81(53).

Name of Service Member (please print): _____ **SPOUSE:** _____

Military Information

- 1. On October 1, _____, (hereinafter the assessment date) I was a member of the United States Armed Forces.
- 2. I have been an Armed Forces service member since _____ (Mo/Date/Yr)
- 3. I was assigned to the following duty station: _____
- 4. Permanent address on assessment date: _____
 Number & Street _____ City or Town _____ State & Zip Code _____

Vehicle Information

- 5. Vehicle Registration (Plate) Number: _____ Make, Model and Year: _____
- 6. On the assessment date, this vehicle was Owned Leased by me. **(For leased vehicle, complete 7, 8 and 9.)**

Attestation Statement

I hereby claim a motor vehicle property tax exemption or tax refund for a leased vehicle, pursuant to CGS §12-81(53). All information herein provided is true and accurate to the best of my knowledge and belief.

Signature of Service Member	Date Signed	Military ID Presented [Yes or No] or Copy Attached
-----------------------------	-------------	--

For Municipal Use Only

Regular Grand List Supplemental Grand List Vehicle Assessment: \$ _____

Exemption for vehicle owned by service member Approved Denied

Reason for denial: _____

Signature of Assessor	Date Signed
-----------------------	-------------

Lease vehicle info:

7. Leased From: _____ To: _____ Lessor: _____
(Mo/Date/Yr) (Mo/Date/Yr) (Name of vehicle owner as it appears on lease)

8. Lessor Address: _____
Number & Street or PO Box _____ City or Town _____ State & Zip Code _____

9. Refund should be sent to me at: _____
(If applicable) _____
Number & Street or PO Box _____ City or Town _____ State & Zip Code _____

Vehicle leased by service member - Assessor's calculation of refund amount(s)

Town Lesser Taxing District _____
District Name _____

Assessment X Town Mill Rate: \$ _____ Assessment X District Mill Rate: \$ _____
Town Refund Amount _____ District Refund Amount _____

Refund Approved Denied Reason for denial: _____

Signature of Assessor and Date Signed
Certification of refund amount(s)

Signature of Tax Collector/District Clerk and Date Signed
Certification that vehicle tax has been paid