

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

Commanding Officer Signature or Other Proof of Active Duty (Military ID, Leave Earnings Statement, Orders)

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