

**Motor Vehicle Property Tax Exemption or Benefit Application for
Connecticut Resident on Active Military Duty**

Complete this form and return it to the assessor of the town in which the motor 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 in such assessment year. The assessor may require you to submit motor vehicle lease verification. Failure to file by the deadline constitutes a waiver of the right to claim the property tax exemption or refund for which CGS §12-81(53) (a) provides.

You must provide a contact phone number Ph. _____

Military Information

1. On October 1, _____ I was an active duty member of the armed forces, as defined in CGS §27-103.
2. On the above assessment date, I was attached to the following duty station: _____
3. I have been on active duty since (month date and year): _____
4. My permanent address is: _____

	Number & Street	City or Town	State & Zip Code
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Vehicle Information

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

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

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

	Number & Street or PO Box	City or Town	State & Zip Code
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Attestation Statement

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

Signature of Active Duty Service Member	Date Signed	CO Signature or Military ID
Please print name of Service Member LEGIBLY _____		

~~~~~ For Municipal Use Only ~~~~~

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

Exemption for vehicle owned by active duty service member Approved Denied

Reason for denial: _____

		Signature of Assessor	Date
Vehicle leased by active duty service member - Assessor's calculation of refund amount(s)			
Town <input type="checkbox"/>	Lesser Taxing District <input type="checkbox"/>	District Name	
Assessment X Town Mill Rate: \$ _____	Town Refund Amount	Assessment X District Mill Rate: \$ _____	District Refund Amount
Refund Approved <input type="checkbox"/> Denied <input type="checkbox"/> Reason for denial: _____			

Signature of Assessor and Date Signed <i>Certification of refund amount(s)</i>	Signature of Tax Collector/District Clerk and Date Signed <i>Certification that vehicle tax has been paid</i>
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