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. 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) provides.

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 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 ____________

Vehicle Information
5. Vehicle Registration (Plate) Number: __________________________ Make, Model and 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: __________________________________________
   From (Mo/Date/Yr) __________________________ To (Mo/Date/Yr) __________________________
   Lessor: __________________________________________
   (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: __________________________________________
   Number & Street or PO Box __________________________
   City or Town __________________________ State & Zip Code ____________

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 Active Duty Service Member Date Signed

__________________________ __________________________
Signature of Commanding Officer

For Municipal Use Only

Grand List: __________________________
   Regular □ Supplemented □
   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 □ 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

Revised 6/25/08

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).

Military Information
1. On October 1, __________, (hereinafter the assessment date) I was an active duty member of the United States Armed Forces.
2. I have been an active duty Armed Forces service member since __________________________ (Mo/Date/Yr)
3. As a result of my official military orders, I was not in Connecticut on the assessment date. Yes □ No □
4. On that date, I was attached to the following duty station, where my vehicle was garaged: __________________________
5. Permanent address on assessment date: ____________________________________________________________
   Number & Street __________________________ City or Town __________________________ State & Zip Code __________________________

Vehicle Information
6. Vehicle Registration (Plate) Number: __________________________ Make, Model and Year: __________________________
7. On the assessment date, this vehicle was Owned □ Leased □ by me. (For leased vehicle, complete 8, 9 and 10.)
8. Leased From: __________________________ (Mo/Date/Yr) To: __________________________ (Lessor: __________________________ (Name of vehicle owner as it appears on lease)
9. Lessor Address: __________________________ Number & Street or PO Box __________________________ City or Town __________________________ State & Zip Code __________________________
10. Refund should be sent to me at: __________________________ Number & Street or PO Box __________________________ City or Town __________________________ State & Zip Code __________________________

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 Active Duty Service Member __________________________ Date Signed __________________________
Signature of Commanding Officer __________________________

For Municipal Use Only
Regular Grand List □ Supplemental Grand List □ Vehicle Assessment: $ __________________________
Exemption for vehicle owned by active duty service member Approved □ Denied □
Reason for denial: __________________________

Signature of Assessor __________________________ Date Signed __________________________
Vehicle leased by active duty service member - Assessor’s calculation of refund amount(s)

Town □ Lesser Taxing District □
District Name __________________________
Assessment X Town Mill Rate: $ __________________________ Town Refund Amount __________________________
Refund Approved □ Denied □ Reason for denial: __________________________
Assessment X District Mill Rate: $ __________________________ District Refund Amount __________________________

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