

**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
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**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
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**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 <input type="checkbox"/>	Lesser Taxing District <input type="checkbox"/>	_____	
		District Name	
Assessment X Town Mill Rate: \$ _____	Assessment X District Mill Rate: \$ _____	Town Refund Amount	District Refund Amount
Refund Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	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