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 __________________________

Signature of Tax Collector/District Clerk and Date Signed __________________________

Certification of refund amount(s) __________________________

Certification that vehicle tax has been paid __________________________