Application For Motor Vehicle Property Tax Exemption Or Exemption Benefit For Connecticut Residents On Active Military Duty Who Are Stationed Outside The State of Connecticut On The Assessment Date

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: _____ (Mo/Date/Yr) 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 Assessment X District Mill Rate: $ _____ 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***