

**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

- On October 1, _____ I was an active duty member of the armed forces, as defined in CGS §27-103.
- On the above assessment date, I was attached to the following duty station:

- I have been on active duty since (month date and year): _____
- My permanent address is:

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

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

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

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

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

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 Copy Attached
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
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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 <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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