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

Contact Phone _____

1. On October 1, 201_____ 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.

OR COPY - Front, Military ID

Signature of Active Duty Service Member _____ **Date Signed** _____ **Signature of Commanding Officer** _____

Print Name of Active Duty Service Member _____ **Print Name of Commanding Officer** _____

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** _____

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 _____
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