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): ____________________________

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 ____________________________

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 ____________________________

Commanding Officer Signature ____________________________

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:

Leased From: ____________________________ (Mo/Date/Yr)

To: ____________________________ (Mo/Date/Yr)

Lessor: ____________________________

(Name of vehicle owner as it appears on lease)

Lessor Address:

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

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: $ ____________________________

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