

Application for Motor Vehicle Property Tax Exemption or Exemption Benefit Who Are Members of the Armed Forces (Army, Navy, marine Corps, Coast Guard, Air Force, any reserve unit including the Ct National Guard)
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 ☐

Assessment X Town Mill Rate: \$ _____ District Name
 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