

**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

1. On October 1, _____, 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: _____ Lessor: _____
From (Mo/Date/Yr) To (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: : _____
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 vehicle,
Printed Name of Active Duty Service Member
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 Date Signed

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: \$ _____ Assessment X District Mill Rate: \$ _____
Town Refund Amount 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