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

Name _____

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: _____ (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.

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

For Municipal Use Only

Grand List: Regular ☐ Supplemental ☐ Vehicle Assessment: $ _____

Exemption for vehicle owned or leased by active duty service member Approved ☐ Denied ☐

Reason for denial: _____

_____ **Signature of Assessor** **Date**