

**Motor Vehicle Property Tax Exemption or Benefit Application for
Connecticut Resident in Military Service of the United States Armed Forces**

(rev. 8/08)

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. Proof of military service is required in the form of commanding officer's signature *or* copy of military identification card (front and back) *or* military orders. Documentation may be required to be notarized or certified as true copies. 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 a member of the United States 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 in military service since (month/date/ 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 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 Military Service Member	Date Signed	Printed Name
Signature of Commanding Officer	Date Signed	Printed Name

For Municipal Use Only

Grand List: Regular Supplemental Vehicle Assessment: \$ _____

Exemption for vehicle owned by military service member Approved Denied

Reason for denial: _____

Signature of Assessor Date

Vehicle leased by military 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 and Date Signed
Certification that vehicle tax has been paid

