

**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 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 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

**Application For Motor Vehicle Property Tax Exemption Or Exemption Benefit For Connecticut Residents
On Active Military Duty Who Are Stationed Outside The State of Connecticut On The Assessment Date**

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).

Military Information

1. On October 1, _____, (hereinafter the assessment date) I was an active duty member of the United States Armed Forces.
2. I have been an active duty Armed Forces service member since _____
(Mo/Date/Yr)
3. As a result of my official military orders, I was not in Connecticut on the assessment date. Yes ☐ No ☐
4. On that date, I was attached to the following duty station, where my vehicle was garaged: _____

5. Permanent address on assessment date: _____
Number & Street City or Town State & Zip Code

Vehicle Information

6. Vehicle Registration (Plate) Number: _____ Make, Model and Year: _____
7. On the assessment date, this vehicle was Owned ☐ Leased ☐ by me. (For leased vehicle, complete 8, 9 and 10.)
8. Leased From: _____ To: _____ Lessor: _____
(Mo/Date/Yr) (Mo/Date/Yr) (Name of vehicle owner as it appears on lease)
9. Lessor Address: _____
Number & Street or PO Box City or Town State & Zip Code
10. 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

Regular Grand List ☐ Supplemental Grand List ☐ Vehicle Assessment: \$ _____
Exemption for vehicle owned by active duty service member Approved ☐ Denied ☐
Reason for denial: _____

Signature of Assessor

Date Signed

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