

**Motor Vehicle Property Tax Exemption or Benefit Application
for Connecticut Resident on Active Military Duty**

Under Connecticut state law, CGS 12-81(53), one passenger motor vehicle belonging to, or held in trust for, any member of the United States armed forces is exempt from taxation. Application must be filed "not later than the thirty-first day of December next following the date on which property tax is due in such assessment year", (e.g. MV taxes due in July 2021 exemption must be claimed on or before December 31, 2021). Any serviceman who does not file a written exemption application within the time specified waives his right to claim the exemption for that assessment year.

1. Applicant's Name (Last, First):	2. Spouse's Name (Last, First):
3. My legal residence as of October 1, 20 ___ was:	4. My mailing address is:

5a. On October 1, 20___ I was a member of the **(Check Only One)**:

<input type="checkbox"/> United States Army (Active Duty)	<input type="checkbox"/> Connecticut National Guard: Army National Guard
<input type="checkbox"/> United States Navy (Active Duty)	<input type="checkbox"/> Connecticut National Guard: Air National Guard
<input type="checkbox"/> United States Marine Corps (Active Duty)	<input type="checkbox"/> United States Army Reserve
<input type="checkbox"/> United States Coast Guard (Active Duty)	<input type="checkbox"/> United States Navy Reserve
<input type="checkbox"/> United States Air Force (Active Duty)	<input type="checkbox"/> United States Marine Reserve
<input type="checkbox"/> Other Service Branch _____	<input type="checkbox"/> United States Coast Guard Reserve
	<input type="checkbox"/> United States Air force Reserve

5b. My duty location as of October 1, 20___ was:
(This field must be completed)

MOTOR VEHICLE INFORMATION (Each applicant is eligible for only one motor vehicle exemption)

6. Year	6a. Make	6b. Model	6c. Vehicle Identification Number	6d. License Plate

7. On October 1, 20___, the above listed motor vehicle was: Owned by me (If owned, skip Lines 8 through 9 and complete Lines 10 through 11)
 Leased by me (If leased, attach a copy of the signed lease and complete Lines 8 through 11)

LEASE INFORMATION (Attach a copy of the signed lease)

8. Lease Period	8a. Lessor's Name	8b. Lessor's Address

9. If a refund is due, it should be sent to me at the following address:

AFFIDAVITS

10. Applicant's Affidavit and Signature

I hereby claim a motor vehicle tax exemption and/or refund for one motor vehicle pursuant to C.G.S. 12-81(53)(a) or (b). All information herein provided is true and accurate to the best of my knowledge and belief.

Applicant's Signature

Print Name

Date Signed

11. Commanding Officer's Affidavit and Signature

All information herein provided is true and accurate to the best of my knowledge and belief.

Commanding Officer's Signature

Print Name

Rank

Telephone Number

Date Signed

THIS FORM MUST BE FILED ANNUALLY AND NO LATER THAN DECEMBER 31st.

FAILURE TO FILE BY THE ABOVE DEADLINE CONSTITUTES A WAIVER OF THE RIGHT TO CLAIM SAID EXEMPTION

12. TAX COLLECTOR: CERTIFICATION OF A TAX REFUND [12-81 (53) (b)]

12a. LIST NUMBER	12b. VEHICLE ASSESSMENT	12c. MILL RATE	12d. REFUND AMOUNT (LINE 12b TIMES LINE 12c)

ASSESSOR'S

_____ I am satisfied that the above named applicant meets all the necessary statutory requirements

AFFIDAVIT

_____ This claim is disallowed for the following reason _____

SIGNATURE OF ASSESSOR OR MEMBER OF ASSESSOR'S STAFF:

Date Signed (Mo., Day, Yr)