Application For A Refund Of The Tax Paid On A Motor Vehicle Leased By A Veteran Or A Veteran's Survivor(s) Eligible For Property Tax Exemptions Under CGS §12-81(19), (20), (21), (22), (23), (24), (25) or (26)

This form must be completed and returned to the assessor of the town that taxed the vehicle described below, not later than the thirty-first day of December next following the assessment year during which such tax was paid. The assessor may require you to submit motor vehicle lease verification information. Failure to file by the deadline constitutes a waiver of the right to claim a refund under §12-93(a)(b). Only the town that received the tax payment on the vehicle can issue a refund. If you are not a resident of that town, you must file this application with the assessor of the town that taxed the vehicle, and you must have filed a nonresident affidavit with the assessor of that town under the provisions of §12-94.

Claimant Information

1. Claimant's name: ____________________________

2. Name of claimant's spouse: ____________________________

3. Claimant's address: ____________________________
   Number & Street ____________________________
   City or Town ____________________________
   State & Zip Code ____________________________

4. This claim is submitted for the assessment date of October 1, __________.

5. Vehicle Registration (Plate) Number: ____________________________
   Make, Model and Year: ____________________________

6. Leased From: ____________________________
   To: ____________________________
   Lessor: ____________________________
   (Name of vehicle owner as it appears on lease)
   (Mo/Date/Yr) ____________________________
   (Mo/Date/Yr) ____________________________

7. Lessor Address: ____________________________
   Number & Street or PO Box ____________________________
   City or Town ____________________________
   State & Zip Code ____________________________

8. Leased to: ____________________________
   Relationship to claimant ____________________________
   (Self, Spouse, and etc.) ____________________________

9. If lessee is spouse of claimant, do spouse and claimant reside together? __________ Yes ☐ No ☐

10. Has there been a change to vehicle since assessment date? __________ Yes ☐ No ☐ If Yes, explain: ____________________________

Attestation Statement

I hereby do hereby apply for a refund of the tax paid for the leased motor vehicle described above, pursuant to §12-93(b) and based upon my eligibility for an exemption under §12-81(19), (20), (21), (22), (23), (24), (25) or (26) as of the assessment date. All information herein provided is true and accurate to the best of my knowledge and belief.

______________________________
Signature of Claimant

______________________________
Date

For Municipal Use Only – Calculation and Certification Of Tax Refund For A Leased Vehicle

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

Town ☐  Lesser Taxing District ☐  District Name

Exemption Balance: $ __________  X Town Mill Rate = Available Benefit: $ __________

Amount of Town Tax: $ __________  X Town Mill Rate = Available Benefit: $ __________

Town Refund Amount: $ __________  Assessment X Town Mill Rate

Refund Amount: Enter available benefit, if less than amount of tax. Otherwise enter amount of tax.

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