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 thirtyfirst 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 §12-93a(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's name: | | 2. | Name of claimant's spou | use: | |
|--|---|--|--|---|--|
| Claimant's address | | | | | |
| This claim is subm | | | • | r Town | State & Zip Code |
| Vehicle Registratio | n (Plate) Number: | | Make, Model and Yea | r: | |
| Leased From: | To: | | Lessor: | | |
| Lessor Address: | (Mo/Date/Yr) (Mo | /Date/Yr) | (Name) | of vehicle owner as | it appears on lease) |
| | Number & Str | eet or PO Box | | City or Town | State & Zip Code |
| Leased to: | | 8. | Relationship to claimant | | |
| | | | | (Self, | Spouse, and etc.) |
| 9. If lessee is spouse of claimant, do spouse and claimant reside together? Yes D No D | | | | | |
| ^{10.} Has there been a change to vehicle since assessment date? Yes □ No □ If Yes, explain. | | | | | |
| 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 M | ınicipal Use Only – Calcula | tion and Cer | tification Of Tax Refund | For A Leased Ve | ehicle |
| gular Grand List 🗆 | Supplemental Grand List | □ Ve | hicle Assessment: \$ | | |
| | Town 🗆 | | Lesser Taxing District 🛛 | | |
| | | | - | Dis | trict Name |
| emption alance: \$ | | ^ | | | \$ |
| ount of Town Tax: | \$Assessment X Town M | /ill Rate | Amount of District Tax | \$ Assessi | ment X District Mill Rate |
| wn Refund Amount: | \$ | | District Refund Amount: | \$ | |
| Refund A | | | | | |
| Refund Approved Denied Reason for denial: | | | | | |
| | Claimant's address This claim is submined Vehicle Registration Leased From: Lessor Address: Leased to: If lessee is spouse Has there been a construction Proby do hereby appropriation herein proverses For Mution herein proverses For Mution herein proverses For Mution herein proverses For Mution herein proverses Semption _ | Claimant's address: Number & This claim is submitted for the assessment date Vehicle Registration (Plate) Number: Leased From: (Mo/Date/Yr) (Mo Lessor Address: Number & Stre Leased to: If lessee is spouse of claimant, do spouse and c Has there been a change to vehicle since assess ereby do hereby apply for a refund of the tax paid on my eligibility for an exemption under §12-81 brmation herein provided is true and accurate to the <i>For Municipal Use Only – Calculate</i> gular Grand List Supplemental Grand List Town C emption X Town Mill alance: \$ Assessment X Town Mill alance: \$ Assessment X Town Mill alance: \$ Refund Amount: \$ <i>Refund Amount: Enter available ben</i> | Claimant's address: Number & Street This claim is submitted for the assessment date of October 1, Vehicle Registration (Plate) Number: Leased From: (Mo/Date/Yr) To: (Mo/Date/Yr) Lessor Address: Number & Street or PO Box Leased to: 8. If lessee is spouse of claimant, do spouse and claimant reside Has there been a change to vehicle since assessment date? <i>Attestation</i> ereby do hereby apply for a refund of the tax paid for the lease for Municipal Use Only – Calculation and Cert gular Grand List Supplemental Grand List Vei | Claimant's address: Number & Street City of This claim is submitted for the assessment date of October 1, . Vehicle Registration (Plate) Number: Make, Model and Yea Leased From: To: (Mo/Date/Yr) (Mo/Date/Yr) Leased From: To: Leased From: To: Leased From: To: Leased From: Number & Street or PO Box Leased to: & Relationship to claimant If lessee is spouse of claimant, do spouse and claimant reside together? Has there been a change to vehicle since assessment date? Yes D No D If lessee is apouse of claimant, do spouse and claimant reside together? Has there been a change to vehicle since assessment date? Yes D No D If lessee as a change to vehicle since assessment date? Yes D No D If lessee is spouse of claimant, do spouse and claimant reside together? Has there been a change to vehicle since assessment date? Yes D No D If Yes Bareby do hereby apply for a refund of the tax paid for the leased motor vehicle described on my eligibility for an exemption under \$12-81(19), (20), (21), (22), (23), (24), (25) gular Grand List D Supplemental Grand List D Vehicle Assessment: \$ Town D Lesser Taxing District D Town D Lesser Taxing District D Town D Lesser Taxing District D Town D Lesser Taxing District Tax Anount of Town Tax: \$ < | Claimant's address: Number & Street City or Town This claim is submitted for the assessment date of October 1, Vehicle Registration (Plate) Number: Leased From: City or Town To: Leased From: City or Town Leased to: Number & Street or PO Box City or Town City or Town Leased to: Number & Street or PO Box City or Town City or City or Town City or City or Town City or Town City or Ci |

Signature of Tax Collector/District Clerk and Date Signed Certification that vehicle tax has been paid