

TAX-EXEMPT APPLICATION
TOWN OF WETHERSFIELD

Check Application Type: Initial Application Quadrennial Report (Renewal) Additional Report (Interim)

A tax-exempt application of charitable and of certain other organizations is required by CGS §12-81 and §12-87. Scientific, educational, literary, historical or charitable institution, and agricultural or horticultural society, a cemetery organization, or a hospital society*, or corporation* or sanatorium* must file a return every four (4) years. An additional report must be filed in any assessment year that is not a required filing year when seeking exemption for property acquired or previously not exempt. Applications must be filed with the assessor in each town in which exempt property is situated and owned on the assessment day. Applications or returns must show all property for which exempt status is sought, and **must be filed with each assessor on or before November 1**, or if such day is a Saturday or Sunday, on the next business day.

Name of Organization: _____

Contact Person: _____

Mailing Address: _____

City/State/Zip: _____

Telephone: _____ **Email:** _____ **Fax:** _____

1. What are the purposes of this organization? (Submit copy of the charter and by-laws) _____

2. What service is provided that is charitable and relieves a burden that would otherwise fall on society or government? _____

3. What services are provided free of charge? How much of the organization's time/resources are expended on this service? _____

4. Exemption is being claimed in accordance with which Section of the Connecticut General Statutes? See CGS Section number & titles listed below signature block and those statutes attached. _____

5. If not an agricultural, horticultural or cemetery society, is the gross income of such corporation entirely devoted to scientific, education, literary, historical, charitable, or hospital purposes or to two (2) or more such purposes? Yes No If yes, please state which one(s): _____

Last Fiscal Year End Date:	Gross Income for Fiscal Year:		Amount of Income Used for Other Than Item #1 Purposes:	
	Donations	Fees	Rentals	Grants
Identify amount of Income of each:	\$ _____	\$ _____	\$ _____	\$ _____
	Subsidies from State or Local Government: \$ _____		Other: \$ _____	

% of Total Income

Organization Name: _____

7.

Last Fiscal Year End Date:	Gross Expenses for Fiscal Year:			Expenses Devoted to Other Than Item #1 Purposes:	
	Salaries	Maintenance	Rent	\$	% of Total Income
Identify expenses as total:	_____ %	_____ %	_____ %	Mortgage _____ %	Other (describe) _____ - _____ %

8. Agricultural and horticultural societies only: If organization is receiving reimbursement for cash premiums given at an agricultural or horticultural exhibition, enter the date the last reimbursement was received:

9. Total # of Employees: _____
_____ % Volunteers _____ % Salaried _____ % Hourly _____ % Part-Time _____ % Full-Time

10. Cemetery organization only: Is gross income entirely devoted to cemetery purposes? Yes No

11. Is any officer, member, or employee receiving – or may at any future time (even in event of its dissolution) receive – any pecuniary profit from its operations, to exceed compensation paid for services in effecting one or more of its purposes, or as a proper beneficiary of its strictly charitable purposes? Yes No If yes, show here the manner by which such individual pecuniary profit may be received:

12. What would be the disposition of profit which the organization might make? _____

Does the organization's charter/by-laws contain any provisions relative to the disposition of incidental profit?
 Yes No If yes, please attach and highlight pertinent sections of the charter; if no, explain.

13. What would become of the property of such organization in the event of its dissolution? _____

Does the organization's charter/by-laws contain any provisions relative to its dissolution? Yes No
If yes, please attach and highlight pertinent sections of the charter/by-laws; if no, explain.

14. Has the organization filed a Federal and/or State Income Tax Return for the current fiscal year? Yes No
If yes, attach copy and be sure to include form 990.

For remainder of application, copy pages if additional lines are needed.

15. On the assessment day in the year of the return, specify book and market values of tangible personal property of such organization. Attach personal property declaration and list registered motor vehicles on this form.

Book	Market
\$ _____	\$ _____

Organization Name: _____

16. Is all tangible personal property claimed on the personal property declaration devoted to carrying out purposes for which exemption is claimed? Yes No If not, list items below.

Item Description	Property Code	Yr. Acq'd	Cost

17. Describe real estate, giving number of parcels, location, area and uses.

Location - Street & Map/Block/Lot	Area - Land/Bldg	Uses

18. Is all of the real estate being used exclusively for purposes of the organization as stated in item #1? Yes No If not, list those not so used below.

Location	% Time Used for Other Purposes	Uses Other Than Stated in Item #1
	%	
	%	
	%	
	%	
	%	

19. Is any portion of the real estate rented, leased, or otherwise occupied by any organization other than the reporting organization? Yes No If yes, describe below.

Location	Area Rented, Leased or Occupied by Others	Lessee's or Occupant's Name

20. Registered Motor Vehicles:

Year	Make	Model	VIN	Registration	Purpose Used/Driver	% Time Other Uses
						%
						%
						%
						%
						%

Are the motor vehicles listed used exclusively for the purpose as stated in Item #1? Yes No If no, complete purpose and % time used in other purposes.

Organization Name: _____

21. List any other Connecticut municipality that has GRANTED the organization an exemption per statutes referenced in the application.

Municipality	# of Properties	Statutory Reference/Use	Original Date Exempt

22. List any other Connecticut municipality that has DENIED the organization an exemption per statutes referenced in the application.

Municipality	# of Properties	Reason for Denial	Date of Denial

23. Has organization received a "Certificate of Need" from the Connecticut Office of Health Care Access?

Yes No If yes, attach current copy (less than two [2] years old); if no, explain. _____

24. Has the organization received a State of Connecticut Sales Tax Exemption? Yes No If yes, attach

copy; if no, explain. _____

25. Has the organization received an exemption from the IRS in accordance with Section 501(c) or 501(d)?

Yes No If yes, attach a copy; if no, explain. _____

I do hereby declare under oath that, according to the best of my knowledge, remembrance and belief, this report is true.

Signed: <i>Treasurer or other Chief Financial Officer of the Organization:</i> X	Title:	Date:
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Charitable Organizations 12-81(7)

Signed: <i>Justice of the Peace, Notary, Assessor, Town Clerk, Comm-Sup. Court:</i> X	Subscribed and to before me:	Date:
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For additional information, please refer to the Section of the Connecticut General Statutes listed:

<i>Agricultural Societies</i>	<i>12-81(10)</i>	<i>Determination of Exemption</i>	<i>12-89</i>
<i>Educational Organizations</i>	<i>12-81(7)</i>	<i>Horticultural Organization</i>	<i>12-81(10) Partially Exempt Property 12-88</i>
<i>Historical Organizations</i>	<i>12-81(7)</i>	<i>Hospitals</i>	<i>12-81(16)</i>
<i>Literary Organizations</i>	<i>12-81(7)</i>	<i>Sanatoriums</i>	<i>12-81(16)</i>
<i>Scientific Organizations</i>	<i>12-81(7)</i>	<i>Religious</i>	<i>12-81(12)/(13)/(14)/(15)</i>
		<i>Cemetery Use</i>	<i>12-81(11)</i>

This Area for Office Use Only

Signed: <i>Assessor</i> X	Application Approved: _____ Application Denied: _____	Date:
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Denied as a copy of the organization's IRS tax exemption certificate or determination letter under Section 501(c) or 501(d) of the IRS Code was not filed.

Denied as a copy/copies of the Organization's by-laws and/or charter was/were not filed.

Denied for failure to forward documentation that would support whether or not the property is held by a religious organization.

Denied as the property is not being used to statutory exempt purposes.

Denied for other reasons: _____

Organization Name: _____
