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 §12-93a(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 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: _____ (Mo/Date/Yr) To: _____ (Mo/Date/Yr) Lessor: _____ (Name of vehicle owner as it appears on lease)

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

8. Leased to: _____ 8. 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: $ _____ X District Mill Rate = Available Benefit: $ _____

Amount of Town Tax: $ _____ Assessment X Town Mill Rate Amount of District Tax $ _____ Assessment X District Mill Rate

Town Refund Amount: $ _____ District Refund Amount: $ _____

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