

To: Assessor Or Board Of Assessors, Town Or City Of \_\_\_\_\_, Connecticut:

I, \_\_\_\_\_  
(Name: Last name/first name/middle initial) (Rank) (Branch) (SSN)

hereby claim an exemption from personal property taxation in accordance with the provisions of §574 of the Federal Soldiers' And Sailor's Civil Relief Act of 1940, as amended. I understand that I (and/or my spouse, if applicable) am not entitled to an exemption from the personal property tax liability arising from a business that I/we conduct in the State of Connecticut, and that I/we are required to submit an annual Personal Property Declaration, on or before November 1st, to the assessor(s) of the town in which such a business is/was subject to taxation. Having been duly sworn, I depose the following in support of my claim.

MILITARY DATA

- 1. On October 1, \_\_\_\_\_ (hereinafter referred to as the assessment date), I was an active duty member of the United States Armed Forces, attached to the following duty station: \_\_\_\_\_
- 2. I reported to my present duty station on or about \_\_\_\_\_, and anticipate that my present tour of duty assignment at that station will be completed on or about \_\_\_\_\_.
- 3. My presence in Connecticut on the assessment date was solely as a result of my official military orders. Yes  No   
If 'No', explain. \_\_\_\_\_
- 4. My domicile (i.e., my permanent and legal residence) on the assessment date was in the State of \_\_\_\_\_
- 5. I have retained my domicile in said State without interruption throughout my service in the Armed Forces. Yes  No   
If No, explain. \_\_\_\_\_
- 6. It is now, and was on the assessment date, my intention to return to the State of my domicile upon my separation or retirement from the United States Armed Forces. Yes  No   
If No, explain. \_\_\_\_\_
- 7. My home of record or permanent address as shown in my military records is in the State of \_\_\_\_\_

PERSONAL DATA

- 8. On the assessment date, I lived in the State of Connecticut at \_\_\_\_\_  
(Street, Number and City/Town)
- 9. My current address is the same as on the assessment date. If 'No', explain. \_\_\_\_\_ Yes  No
- 10. I am and was married on the assessment date. Yes  No
- 11. Spouse's name \_\_\_\_\_
- 12. I am a registered voter. Yes  No
- 13. I last voted in the State of \_\_\_\_\_  
in an election held in the year \_\_\_\_\_.
- 14. I have a valid motor vehicle operator's license. Yes  No
- 15. The State of \_\_\_\_\_ issued said license.
- 16. I have executed a last will and testament. Yes  No
- 17. In said document, I declared the State of \_\_\_\_\_  
as my legal residence, for probate and taxation purposes.
- 20. I have the following religious, social, fraternal, recreational or business affiliations in Connecticut: \_\_\_\_\_  
\_\_\_\_\_
- 21. I have the following religious, social, fraternal, recreational or business affiliations outside of Connecticut: \_\_\_\_\_  
\_\_\_\_\_
- 22. I maintain a bank account in the State of my domicile. Yes  No
- 23. I maintain a bank account in Connecticut. Yes  No
- 24. I have claimed a veteran's exemption as a Connecticut resident. Yes  No
- 25. If Yes, enter year(s) exemption was claimed \_\_\_\_\_

TAX DATA

26. I have been assigned to my present duty station for more than one calendar year, based upon which I have received an exemption from the Commissioner of the Department of Revenue Services from the payment of the State of Connecticut's personal income tax. (If Yes, do not answer Questions 27 to 32.) Yes  No
27. The State of my legal domicile levies a personal income tax on its citizens. Yes  No
28. I file a personal income tax return in the State of my legal domicile. Yes  No
- If Yes, my most recent filing was for the \_\_\_\_\_ calendar year. If No, explain. \_\_\_\_\_
29. My most recent federal income tax return, for the calendar year of \_\_\_\_\_, was mailed to the Internal Revenue Service Office located in \_\_\_\_\_, which is the designated recipient of such returns for residents of the State of my domicile.
30. I pay other than personal income taxes to the State of my legal domicile. Yes  No
31. If Yes, my most recent payment was for the \_\_\_\_\_ calendar year. 32. Check tax type: Property  Business  Other
- If Other, please describe: \_\_\_\_\_

PROPERTY DATA

33. On the assessment date, I (and/or my spouse, if applicable) owned real property, such as a house or other building, a building lot or unimproved land, etc. Yes  No
34. If Yes, indicate the type of real property owned and its location, whether in or outside the State of Connecticut.

\_\_\_\_\_

Type of real property City/Town and State

35. On the assessment date, I (and/or my spouse, if applicable) owned the personal property described below, which was located in the City/Town of \_\_\_\_\_, Connecticut.

Note: With respect to 'Ownership', please enter the following code(s), as applicable:

- S - for property owned solely by serviceman;
- SP - for property owned solely by serviceman's spouse; or
- J - for property jointly owned by serviceman and his/her spouse.

| Motor Vehicles (including unregistered snowmobiles) |                   |           |
|---|-------------------|-----------|
| Year, Make and Model                                | State Of Registry | Ownership |
|   |                   |           |
|   |                   |           |

| Other Taxable Personal Property (e.g., mobile manufactured home, if not currently assessed as real property) |           |
|--|-----------|
| Description  | Ownership |
|  |           |
|  |           |

36. On the assessment date, I (and/or my spouse if applicable) owned and/or operated a business that had a location in Connecticut. Yes  No
37. If Yes, complete the following.
- \_\_\_\_\_
- Business Name
- \_\_\_\_\_
- D/B/A (Doing Business As)
- \_\_\_\_\_
- Business Address (Number, Street and City/Town), Connecticut

\_\_\_\_\_  
SIGNATURE OF AFFIANT

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

My Commission expires: \_\_\_\_\_