10.

## Military Spouses Residency Relief Act Claim For Property Tax Exemption In The State of Connecticut Amendment Under The Service Members' Civil Relief Act

To: Assessor or Board of Assessors, Town or City of \_\_\_\_\_\_, Connecticut:

Revised April 21, 20
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t, First)
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(Name: Last name/first name/middle initial)	(Date of Birth)	
hereby claim an exemption from personal property taxation in accordance with Relief Act of 1940, as amended. I understand that I (and/or my spouse, if app tax liability arising from a business that I/we conduct in the State of Connecti Property Declaration, on or before November 1st, to the assessor(s) of the tow duly sworn, I depose the following in support of my claim.	licable) am not entitled to an exemption from the cut, and that I/we are required to submit an annua	personal propert al Personal
MILITARY DAT	`A	
On or after October 1, (hereinafter referred to as the assessment Armed Forces, attached to the following duty station in Connecticut:	date), my spouse was an active duty member of t	he United States
My spouse reported to his/her present duty station in Connecticut on or about tour of duty assignment at that station will be completed on or about/		that his/her pres
My presence in Connecticut on the assessment date was solely as a result of r If 'No', explain		Yes 🛛 No 🕻
I was married to on/	/ (mth/day/yr).	
My domicile (i.e., my permanent and legal residence) on the assessment date	was in the State of	
I have retained my domicile in said State without interruption throughout my If 'No', explain		Yes 🗖 No I
It is now, and was on the assessment date, my intention to return to th separation or retirement from the United States Armed Forces. If 'No', explain		Yes 🛛 No 🛛
PERSONAL DAT	ſΑ	
On or thereafter the assessment date, I lived in the State of Connecticut at	(Number, Street and City/Town)	
My current address is the same as on the assessment date. Yes $\Box$ No $\Box$ If	No' ourrent address:	

ent address is the same as on the assessment date. □ If 'No', current address: \_\_\_\_ es Yes 🗆 No 🗆 I am a registered voter. 11. I last voted in the State of\_\_\_\_\_,

				in an election held in the year
12.	I have a valid motor vehicle operator's license.	Yes 🗆 No 🗖	13.	The State of issued said license.
14.	I have executed a last will and testament.	Yes 🛛 No 🗖	15.	In said document, I declared the State of as my legal residence, for probate and taxation purposes.

## TAX DATA

16	My spouse has been assigned to his/her present duty station for more than one calendar year, based upon which my spouse has 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 17 to 21.)	Yes 🗆 No 🗆
17.	The State of my legal domicile levies a personal income tax on its citizens.	Yes 🗆 No 🗆
18.	I file a personal income tax return in the State of my legal domicile. If Yes, my most recent filing was for the calendar year. If No, explain	Yes 🗆 No 🗆
19.	I pay other than personal income taxes to the State of my legal domicile.	Yes 🗆 No 🗆
20.	If Yes, my most recent payment was for the calendar 21. Check tax type: Property D Business D O If Other, please describe:	

## PROPERTY DATA

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

Type of real property

24. 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

 Image: Ima

Other Taxable Personal Property (e.g., mobile manufactured home, <i>if</i> not currently assessed as real property)			
Description	Ownership		

26.

25. On the assessment date, I (and/or my Yes □ No □ spouse if applicable) owned and/or operated a business that had a location in Connecticut.

If Yes, complete the following.

Business Name

D/B/A (Doing Business As)

Business Address (Number, Street and City/Town), Connecticut

**Signature of Affiant** 

Signature of Notary Public

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

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

City/Town and State