



MOTOR VEHICLE TAX EXEMPT RETURN

OFFICE OF THE TAX ASSESSOR
CITY OF BRIDGEPORT
CITY HALL – 45 LYON TERRACE
BRIDGEPORT, CONNECTICUT 06604
(203) 576-7241

(Date Stamp)

This application for Exempt Status for Motor Vehicles must be completed and returned to the Office of the Assessor by **November 1st**. A separate application must be completed and returned for each motor vehicle in which Exempt Status is being requested. Incomplete or late applications will not be considered for the current assessment year. No retroactive applications will be approved.

INFORMATION ABOUT YOUR ORGANIZATION

Name of Organization _____

Name of Contact Person _____ Telephone _____

Mailing Address (No. & Street, Town, State, Zip) _____

Type of Organization (Sole Proprietor, Partnership, LLC, Corporation) _____

IRS Exempt Code Section _____

Section of Connecticut General Statutes under which Exempt Status is being claimed (See Rear) _____

Quadrennial (M-3) Report and supporting material filed with Office of Assessor? (Circle One) Yes / No Year Last Filed _____

If No is answered above, a Quadrennial (M-3) Report and supporting material **must** be filled with this application.

Description of Exempt/Business Activities _____

INFORMATION ABOUT YOUR MOTOR VEHICLE

Owner on Motor Vehicle Registration _____ State _____

Make/Model _____ Date vehicle was first placed in service _____

Plate No. _____ Total mileage vehicle was driven during the past calendar year _____

VIN # _____ Total mileage driven for exempt functions during the past calendar year _____

Description _____ Total mileage for non-exempt functions during the past calendar year _____

Address where motor vehicle is regularly garaged _____

Please explain, if motor vehicle is garaged in a location different than the location of the organization claiming Exempt Status. _____

Describe the use of the motor vehicle as it relates to the purpose of the organization claiming Exempt Status. _____

[OVER]

INFORMATION ABOUT YOUR MOTOR VEHICLE POLICY

	Yes	No
Do you have written company policy covering the use of your motor vehicle?	<input type="checkbox"/>	<input type="checkbox"/> <i>Attach Copy. If No, Explain Below</i>
Is personal use during off duty or non-business hours prohibited?	<input type="checkbox"/>	<input type="checkbox"/> <i>If No, Explain Below</i>
Do you maintain written records of motor vehicle use?	<input type="checkbox"/>	<input type="checkbox"/> <i>Attach Copy. If No, Explain Below</i>
Do the designated drivers named below own other motor vehicles for personal use?	<input type="checkbox"/>	<input type="checkbox"/> <i>If No, Explain Below</i>

Please explain all "NO" answers, if more room is required, please attach a separate sheet. _____

INFORMATION ABOUT AUTHORIZED MOTOR VEHICLE DRIVER(S)

(Please copy and attach for Additional Drivers)

Name of Authorized/Designated Driver: _____

Home Address of Authorized/Designated Driver: _____

Is the Authorized/Designated Driver a full-time employee? (Circle One) Yes / No

If a part-time employee, please list name and business address of other employers. _____

Is the Authorized/Designated Driver permitted to take the vehicle home? (Circle One) Yes / No

How many miles is it each way from the driver's place of residence to location of the organization claiming Exempt Status? _____

INFORMATION ABOUT AUTHORIZED MOTOR VEHICLE DRIVER(S) PERSONAL VEHICLE(S), OWNED OR LEASED

(Please copy and attach for additional Drivers & Vehicles)

Owner Name _____ Make/Model/Year _____

VIN # _____ Plate No./State _____

Municipality where Personal Vehicle is Garaged and Assessed _____

AFFIDAVIT

I do hereby declare under penalty of perjury, that this report is true, accurate and complete,

Dated at _____ this _____ day of _____, 20_____

OFFICER'S NAME AND TITLE (Please Print)

OFFICER'S SIGNATURE

Subscribed and sworn before me this _____ day of _____, 20_____

(Notary Public, Commissioner of Superior Court)

My Commission Expires _____

For questions concerning this Return:

Phone: (203) 576-7241
Fax: (203) 332-5521

Mail or Hand Deliver to:

Office of the Tax Assessor
City of Bridgeport
City Hall – 45 Lyon Terrace, Room 105
Bridgeport, Connecticut 06604

STATUTORY REFERENCES FOR SELECTED EXEMPT USES. REFERENCE THE CONNECTICUT GENERAL STATUTES FOR A COMPLETE LIST OF ALL EXEMPT USES

Cemetery Use	§12-81(11)	Hospitals	§12-81(16)
Charitable Organizations	§12-81(7)	Literary Organizations	§12-81(7)
Determination of Exemption	§12-89	Religious Organizations	§12-81(12)
Educational Organizations	§12-81(7)	Sanatoriums	§12-81(16)
Historical Organizations	§12-81(7)	Scientific Organizations	§12-81(17)