



# STATE OF CONNECTICUT

## Gift Declaration

I, \_\_\_\_\_ the undersigned (donor), state that:  
Print Donor's name above

on or about \_\_\_\_\_, I transferred ownership and title of a  
Date

Motor Vehicle     Vessel     Trailer     Aircraft     Other Vehicle

\_\_\_\_\_  
Identification number of vehicle, vessel, trailer, or aircraft

\_\_\_\_\_  
Year                                      Make                                      Model

to \_\_\_\_\_ (donee),  
Print Donee's name above

receiving no compensation in return, whether in cash, property, personal services, or by the cancellation, assumption, or payment of any debt in whole or in part;

There has been neither a promise to pay for said vehicle, vessel, trailer, or aircraft nor any expectation of any future compensation in either cash, property or personal services from the donee; and

The donee has not assumed payment of any chattel mortgage, loan obligation, or conditional bill of sale on the vehicle, vessel, trailer, or aircraft described above.

**Declaration:** I declare under penalty of law that I have examined this document (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false document to the Department of Revenue Services is a fine of not more than \$5,000, or imprisonment for not more than five years, or both.

The donor and donee each affirm that this gift is not in whole or in part a barter exchange of any kind.

### Donor:

\_\_\_\_\_  
Print donor name

\_\_\_\_\_  
Number and street                                      PO Box

\_\_\_\_\_  
Donor signature                                      Date

\_\_\_\_\_  
City, town, or post office                                      State                                      ZIP code

\_\_\_\_\_  
FEIN (if applicable)

\_\_\_\_\_  
Email address                                      Daytime telephone number

### Donee:

\_\_\_\_\_  
Print donee name

\_\_\_\_\_  
Number and street                                      PO Box

\_\_\_\_\_  
Donee signature                                      Date

\_\_\_\_\_  
City, town, or post office                                      State                                      ZIP code

\_\_\_\_\_  
FEIN (if applicable)

\_\_\_\_\_  
Email address                                      Daytime telephone number