

Pursuant to Sections 12-129b(d) and 12-170aa, the Assessor shall notify the Secretary of the Office of Policy and Management of the reduction in elderly tax relief for the purpose of a corresponding adjustment in the amount of state payment to the municipality.

1.	GRANTOR'S NAME	(Last)	(First)	(Middle Initial)
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2.	ADDRESS OF PROPERTY ON WHICH CREDIT WAS APPLIED:			
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	CITY OR TOWN	ZIP		
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3.	DATE OF CONVEYANCE (deed date or date of death)	MM/DD/YYYY		
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4.	PERCENTAGE OWNED BEFORE TRANSFER:	%		
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5.	PERCENTAGE OF <b>THIS OWNER'S SHARE</b> OF PROPERTY TRANSFERRED:	%		
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6.	TOTAL AMOUNT OF REVENUE LOSS FROM M-35B OR M36:	\$		
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7.	PRO-RATE FACTOR (From Table Below)	x		
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8.	MULTIPLY LINES 6 AND 7 ( Grantor's Benefit)	\$		
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9.	SUBTRACT LINE 8 FROM LINE 6 (AMOUNT OF REDUCTION, a.k.a. GRANTEE'S ADDITIONAL TAX)	\$		
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10.	OR, IF LINE 5 IS LESS THAN 100%, MULTIPLY LINE 9 BY LINE 5 (AMOUNT OF REDUCTION, a.k.a. GRANTEE'S ADDITIONAL TAX)	\$		
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11.	SIGNATURE OF ASSESSOR OR STAFF MEMBER	DATE:		
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PRORATION TABLE  
(Use month in which conveyance occurred)

October.....	.0 *
November.....	.083
December.....	.167
January.....	.25
February.....	.333
March.....	.417
April.....	.50
May.....	.583
June.....	.667
July.....	.75

12. GRANTOR'S LIST NUMBER

13. GRANTEE'S NAME

ADDRESS

TOWN OR CITY      ZIP

NOTE:      October conveyance  
disqualifies grantor  
from receiving any  
benefit.

STATE OF CONNECTICUT  
OFFICE OF POLICY AND MANAGEMENT

This report is due on or before **October 1<sup>st</sup>** immediately following  
The end of the assessment year in which such conveyance occurs.