

FORM M-42B
(Rev. 7/2024)

TOTALLY DISABLED PROGRAM
ASSESSOR'S CLAIM FOR REIMBURSEMENT OF REVENUE LOSS FILE ON OR BEFORE JULY 1 TO THE
STATE OF CONNECTICUT OFFICE OF POLICY AND MANAGEMENT - TAX RELIEF UNIT
450 CAPITOL AVE., MS#54GSU, HARTFORD, CONNECTICUT 06106-1308

\$250 LATE
FILING PENALTY

MUNICIPALITY NAME _____	GRAND LIST OF OCTOBER 1, _____	DATE _____	
Current G/L RE Accounts: _____	Current G/L RE Exemption: \$ _____	Current G/L Mill Rate: _____	Current G/L Real Estate = Revenue Loss: \$ _____
Current G/L MV Accounts: _____	Current G/L MV Exemption: \$ _____	Current G/L MV Mill Rate: _____	Current G/L MV = Revenue Loss: \$ _____
Supplemental MV Accounts: _____	Supplemental MV Exemption: \$ _____	Prior G/L MV Mill Rate: _____	Supplemental MV = Revenue Loss: \$ _____
Total Accounts Approved: _____	Total Exemptions Approved: \$ _____	<u>Total Revenue Loss Reimbursement Requested:</u> \$ _____	

****ATTACH ALL APPLICATIONS AND PROOF OF DISABILITIES FOR ANY TAXPAYER THAT WAS NOT ON LAST YEAR'S CLAIM****

ASSESSOR'S VERIFICATION:

I HEREBY VERIFY THAT TO THE BEST OF MY KNOWLEDGE THIS CLAIM, INCLUDING ANY CONTINUATION SHEETS ATTACHED, IS A TRUE LISTING OF TAXPAYERS THAT ARE ENTITLED TO THE EXEMPTION UNDER THE STATE PROGRAM OF TAX RELIEF FOR THE TOTALLY DISABLED AS SET FORTH IN SECTIONS 12-81(55) AND 12-94a OF THE CONNECTICUT GENERAL STATUTES.

SIGNATURE: _____ **TELEPHONE NUMBER:** _____ **EMAIL ADDRESS:** _____

FOR OFFICE OF POLICY AND MANAGEMENT USE ONLY

M-42B AS SUBMITTED: \$ _____

ADJUSTMENTS: \$ _____

M-42B AS EXAMINED AND APPROVED: \$ _____

OFFICE EXAMINATION BY: _____

DATE: _____