

FORM M-42B
(Rev. 1.2024)

TOTALLY DISABLED PROGRAM
TAX COLLECTOR'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 Real Estate =
	X Mill Rate: _____	Revenue Loss: \$ _____
Current G/L MV Accounts: _____	Current G/L MV Exemption: \$ _____	Current G/L MV =
	X MV Mill Rate: _____	Revenue Loss: \$ _____
Supplemental MV Accounts: _____	Supplemental MV Exemption: \$ _____	Supplemental MV =
	X Prior G/L MV Mill Rate: _____	Revenue Loss: \$ _____
Total Accounts Approved: _____	Total Exemptions Approved: \$ _____	Total Revenue Loss Reimbursement Requested: \$ _____

****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 SECTION 12-94a OF THE CONNECTICUT GENERAL STATUTES.

SIGNATURE: _____ TELEPHONE NUMBER: _____ EMAIL ADDRESS: _____

TAX COLLECTOR'S CERTIFICATION:

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS CLAIM, INCLUDING ANY CONTINUATION SHEETS ATTACHED, IS A TRUE LISTING AND COMPUTATION OF THE REVENUE LOSS SUSTAINED BY THIS MUNICIPALITY, OR OTHER JURISDICTION, UNDER THE STATE PROGRAM OF TAX RELIEF FOR THE TOTALLY DISABLED AS SET FORTH IN SECTION 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: _____