



2023 GRAND LIST

TOWN OF WETHERSFIELD

APPLICATION FOR ADDITIONAL EXEMPTIONS

FILING PERIOD: FEB 1 to OCT 1

☐ MARRIED

☐ UNMARRIED

NAME _____ DATE OF BIRTH _____ SOC. SEC. # _____

SPOUSE NAME _____ DATE OF BIRTH _____ SOC. SEC. # _____

ADDRESS _____

CITY, STATE, ZIP _____ PHONE _____

DID YOU FILE A FEDERAL INCOME TAX RETURN? ☐ YES ☐ NO

DO YOU SHARE OWNERSHIP OF THE PROPERTY? ☐ YES ☐ NO IF YES, NAME _____

INCOME RECEIVED DURING THE 2022 CALENDAR YEAR

a. TAXABLE INCOME – Examples: Wages, bonuses, commission, fees, lottery winnings taxable portion of annuities & pensions (incl. veteran's), interest, dividends, net rent or proceeds from sale of property, etc. If you are required to file a Federal Income Tax return, enter the amount of gross income and attach a copy of the return to this certificate.

a. _____

b. NON-TAXABLE INTEREST – Example: Interest from tax-exempt government bonds.

b. _____

c. SOCIAL SECURITY OR RAILROAD RETIREMENT INCOME

c. _____

d. ANY INCOME NOT REFLECTED IN ABOVE - Examples: supplemental Social Security Income, public assistance payments, excludable portion of dividends per IRS, etc. Other income, specify: _____

d. _____

e. TOTAL lines a. through d.

e. _____

Are you presently receiving a 100% disability rating from the Veteran's Administration? ☐ YES ☐ NO

APPLICANT'S AFFIDAVIT	The Applicant deposes that the above statements are true and complete and claims a property tax exemption under provisions of the General Statutes, and that he/she is not receiving a State exemption in accordance with Public Act 85-573 in any other Town or City. The signature below indicates that this affidavit has been read and understood.		
	SIGNATURE OF APPLICANT OR AGENT	RELATIONSHIP OF AGENT	DATE

STOP!! DO NOT WRITE BELOW THIS LINE – FOR ASSESSOR USE ONLY

Applicant is receiving the following exemptions:

VETERANS \$ _____ DISABLED VETERAN \$ _____ TOTAL DISABILITY \$ _____ BLIND \$ _____
or surv, spouse or surv. Spouse

Indicate Income Level Used:

\$ _____

Qualifying Income (line e. above):

\$ _____

Additional Exemption(s) Allowed:

VETERAN \$ _____
or surv, spouse

TOTAL DISABILITY \$ _____

BLIND \$ _____

CODE: _____

CODE: _____

CODE: _____

TOTAL Additional Exemptions Allowed:

TOTAL \$ _____

Exemption Applied to: ☐ RE# _____ ☐ MV# _____ ☐ PP _____ ☐ Supp MV# _____

ASSESSOR'S AFFIDAVIT	____ I AM SATISFIED THAT THE ABOVE NAMED APPLICANT MEETS ALL STATUTORY REQUIREMENTS	
	____ THE CLAIM IS DISALLOWED FOR THE FOLLOWING REASON: _____	
	SIGNATURE OF ASSESSOR OR MEMBER OF ASSESSOR STAFF	DATE