

FORM M-42B  
(Rev. 10/2019)

**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

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

**\*\*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: \_\_\_\_\_