

This is a Tax Exempt return of any property acquired since the filing of the initial or Quadrennial Return of Tax Exempt Property (M-3) as required by Section 12-87 of the Connecticut General Statutes, and as the Assessor. This return may also be used to request additional exemption of any property which was owned but not exempt at the time of filing of your last Tax Exempt Return (M-3)

This Return must be filed with the Assessor on or before November 1, or if such day is a Sunday, on the next business day.

TO  
THE ASSESSORS OF THE TOWN OF:

FROM (Name of Organization)

MAILING ADDRESS (No. & Street, Town, State, Zip Code)

1. ON WHAT DATE WAS THE LAST TAX EXEMPT REPORT OF THIS ORGANIZATION MADE TO THE ASSESSOR(S)?

2. HAS THE CHARTER OF THE ORGANIZATION CHANGED SINCE THE LAST REPORT? ☐ YES ☐ NO  
IF YES ATTACH NEW CHARTER.

2. GIVE DATE THE ADDITIONAL PROPERTY WAS ACQUIRED OR NEWLY CONSTRUCTED.

4.  <b>CHECK TYPE OF PROPERTY NEWLY ACQUIRED</b>	A. PURCHASED ADDITIONAL LAND	<input type="checkbox"/>
	B. NEWLY CONSTRUCTED BUILDING(S)	<input type="checkbox"/>
	C. ADDITION TO EXISTING BUILDING(S)	<input type="checkbox"/>
	D. PROPERTY OWNED BUT NOT PREVIOUSLY EXEMPT	<input type="checkbox"/>
	E. PERSONAL PROPERTY	<input type="checkbox"/>

5. DESCRIBE REAL ESTATE, GIVING NUMBER OF PARCELS, LOCATION, AREA AND USES (Use reverse side if necessary)

6. DESCRIBE THE PERSONAL PROPERTY.

7. IS ALL THE REAL ESTATE BEING USED EXCLUSIVELY FOR PURPOSES OF THE ORGANIZATION AS STATED IN ITEM NO. 1? ☐ YES ☐ NO

If answer to item 7 above is "NO", describe below, the real estate being used for other purposes.

REAL ESTATE	PURPOSE USED	% OF TIME USED FOR OTHER PURPOSES

OVER

8. Does the reporting organization own any real estate for which no income is derived on the land of which suitable buildings are in the progress of construction, which real estate is exempt from taxation under the first sentence of Section 12-88 of the general statutes?

☐ YES ☐ NO

9. Is any portion of the real estate rented? If yes, describe additional remarks below.

☐ YES ☐ NO

ADDITIONAL REMARKS:

**I do hereby declare under oath that, according to the best of my knowledge, remembrance and belief, this report is true.**

DATE	SIGNED (Treasurer or their Chief Financial Officer or Corporation)		TITLE
FAX	PRINT NAME (Treasurer or their Chief Financial Officer or Corporation)		TELEPHONE
Subscribed and Sworn to before me:	DATE	SIGNED (Justice of Peace, Notary, Assessor, Town Clerk, Comm. Superior Court)	

For additional information, please refer to the Section of the Connecticut General Statutes listed.

Agricultural Societies	12-81(10)	Horticultural Organizations	12-81(10)
Cemetery Use	12-81(11)	Hospitals	12-81(16)
Charitable Organizations	12-81(7)	Literary Organizations	12-81(7)
Determination of Exemption	12-89	Partially Exempt Property	12-88
Education Organizations	12-81(7)	Sanatoriums	12-81(16)
Historical Organizations	12-81(7)	Scientific Organizations	12-81(7)