

<p style="text-align: center;"><b>TAX EXEMPT APPLICATION</b> (QUADRENNIAL)</p>	<p style="text-align: center;"><b>FILING DEADLINE FOR THE OCTOBER 1, 2017 GRAND LIST IS NOVEMBER 1, 2017</b> FAILURE TO FILE AS REQUIRED SHALL RESULT IN THE DENIAL OF YOUR EXEMPT STATUS.</p>
--	--

TYPE OF APPLICATION	<input type="checkbox"/> INITIAL APPLICATION <b>OR</b> <input type="checkbox"/> RE-APPLICATION
NAME OF THE ORGANIZATION	
MAILING ADDRESS	
NAME AND TITLE OF CONTACT PERSON	
TELEPHONE/FAX/E-MAIL	

**IF ADDITIONAL SPACE IS NEEDED, ATTACH THOSE PAGES TO THIS APPLICATION**

1. UNDER WHAT SECTION OF THE CONNECTICUT GENERAL STATUTES, ARE YOU CLAIMING EXEMPT STATUS?	
<input type="checkbox"/> AGRICULTURAL SOCIETIES      12-81 (10) <input type="checkbox"/> CEMETERY USE      12-81 (11) <input type="checkbox"/> CHARITABLE ORGANIZATIONS      12-81 (7) <input type="checkbox"/> EDUCATIONAL ORGANIZATIONS      12-81 (7) <input type="checkbox"/> HISTORICAL ORGANIZATIONS      12-81 (7) <input type="checkbox"/> OTHER: MUST SPECIFY THE STATUTE BY NUMBER	<input type="checkbox"/> HORTICULTURAL ORGANIZATIONS      12-81 (10) <input type="checkbox"/> HOSPITALS      12-81 (16) <input type="checkbox"/> LITERARY ORGANIZATIONS      12-81 (7) <input type="checkbox"/> SANATORIUMS      12-81 (16) <input type="checkbox"/> SCIENTIFIC ORGANIZATIONS      12-81 (7)
2. WHAT IS THE PURPOSE OF YOUR ORGANIZATION?	
3. DOES THIS ORGANIZATION HAVE A CHARTER AND/OR BYLAWS?	
<input type="checkbox"/> YES; ATTACH A CURRENT, COMPLETE AND APPROVED COPY <input type="checkbox"/> NO; IF NO EXPLAIN:	
4. DURING YOUR LAST FISCAL YEAR, WHAT WAS YOUR ORGANIZATION'S GROSS INCOME?	
5. DURING YOUR LAST FISCAL YEAR, WHAT WAS YOUR ORGANIZATION'S GROSS EXPENSES?	
6. DOES YOUR COMPANY HAVE ANY SUBSIDIARY OR PARENT COMPANIES?	
<input type="checkbox"/> NO <input type="checkbox"/> YES; IF YES THEN LIST EACH COMPANY AND IF THEY ARE FOR PROFIT:	
7. IS THE GROSS INCOME (LINE 4) OF THIS ORGANIZATION ENTIRELY DEVOTED TO THE PURPOSE STATED ON LINE 2?	
<input type="checkbox"/> YES <input type="checkbox"/> NO; IF NO THEN EXPLAIN:	
8. IDENTIFY YOUR SOURCES OF INCOME (E.G., DONATIONS, FEES, RENTALS, GRANTS, ETC) AND THEIR PERCENT OF GROSS INCOME:	
9. IDENTIFY YOUR EXPENSES AND THEIR PERCENT OF GROSS EXPENSES <b>INCLUDE SALARIES SCHEDULE</b> FOR TRUSTEES, BOARD OF DIRECTORS OR EMPLOYEES WITH TITLE OF POSITION:	
10. IS ANY OFFICER, MEMBER OR EMPLOYEE OF THIS ORGANIZATION RECEIVING OR MAY AT A FUTURE TIME (EVEN IN THE EVENT OF DISSOLUTION) RECEIVE ANY PECUNIARY PROFIT FROM ITS OPERATION, EXCEPT FOR REASONABLE COMPENSATION PAID FOR SERVICES RENDERED IN PURSUIT OF THIS ORGANIZATION'S PURPOSE (AS STATED ON LINE 1)?	
<input type="checkbox"/> NO <input type="checkbox"/> YES; IF YES THEN EXPLAIN:	
11. DOES YOUR CHARTER MAKE PROVISION FOR THE DISPOSITION OF ANY PROFIT?	
<input type="checkbox"/> YES; IF YES THEN INDICATE WHERE IN YOUR CHARTER <input type="checkbox"/> NO; IF NO THEN EXPLAIN :	
12. DOES YOUR CHARTER MAKE PROVISION FOR THE DISPOSITION OF ITS PROPERTY UPON DISSOLUTION?	
<input type="checkbox"/> YES; IF YES THEN INDICATE WHERE IN YOUR CHARTER <input type="checkbox"/> NO; IF NO THEN EXPLAIN:	
13. BY THIS APPLICATION, I AM REQUESTING EXEMPT STATUS FOR:	
<input type="checkbox"/> REAL ESTATE (LIST EACH PROPERTY SEPARATELY) : ANSWER QUESTIONS 14, 15, 16, 17, 18, 23, 24, 25, 26, 27 AND THEN COMPLETE 28 <input type="checkbox"/> PERSONAL PROPERTY: ANSWER QUESTIONS 19, 20, 23, 24, 25, 26, 27 AND THEN COMPLETE 28 <input type="checkbox"/> MOTOR VEHICLE (LIST EACH VEHICLE SEPARATELY): ANSWER QUESTIONS 21, 22, 23, 24, 25, 26, 27 AND THEN COMPLETE 28	

14. LIST AND DESCRIBE EACH PROPERTY SEPARATELY IN CROMWELL BY STREET LOCATION, ASSESSOR MAP/PARCEL NUMBERS AND UNIQUE ID.

15. HOW IS EACH PROPERTY LISTED ABOVE USED?

16. IS EACH PROPERTY BEING USED EXCLUSIVELY FOR THE PURPOSE AS STATED ON LINE 2?  
 YES  NO; IF NO THEN EXPLAIN :

17. IS ANY PORTION OF ANY PROPERTY RENTED, LEASED OR OTHERWISE OCCUPIED BY ANYONE OTHER THAN YOUR ORGANIZATION?  
 NO  YES; IF YES THEN EXPLAIN :

18. IS THE PROPERTY BEING USED FOR HOUSING?  NO  YES; IF YES ANSWER BELOW QUESTIONS :  
 A. WHAT IS THE AVERAGE STAY OF YOUR RESIDENTS? \_\_\_\_\_ (STATE MONTHS OR YEARS)  
 B. ARE RENTS BASED ON LOW OR MODERATE INCOME GUIDELINES  NO (ANSWER C)  YES; IF YES ATTACH GUIDELINES GO TO D  
 C. IF RENT IS NOT BASED ON LOW OR MODERATE INCOME GUIDELINES; HOW IS THE RENT DETERMINED? ATTACHED FORMULA  
 D. WHAT IS THE TOTAL AMOUNT OF INCOME RECEIVED FROM THE RENTAL PROPERTY? \_\_\_\_\_  
 E. IS ANY PORTION OF THE RENT SUBSIDIZED BY A GOVERNMENT AGENCY?  YES; ANSWER F  NO; PROCEED TO 19  
 F. WHAT IS THE PERCENT OF INCOME FROM A GOVERNMENT ENTITY? \_\_\_\_\_

19. AS OF OCTOBER 1<sup>ST</sup> OF THE YEAR OF THIS APPLICATION, SPECIFY THE BOOK VALUE AND MARKET VALUE OF YOUR ORGANIZATION'S TANGIBLE PERSONAL PROPERTY LOCATED IN CROMWELL:  
 BOOK VALUE \$ \_\_\_\_\_ MARKET VALUE \$ \_\_\_\_\_

20. IS ALL YOUR PERSONAL PROPERTY BEING USED EXCLUSIVELY FOR THE PURPOSE AS STATED ON LINE 2?  
 YES  NO; IF NO THEN EXPLAIN :

21. LIST ALL MOTOR VEHICLES (BY YEAR, MAKE, MODEL, AND VIN #): (ATTACHED ADDITIONAL SHEETS IF NECESSARY)

22. IS THE MOTOR VEHICLE(S) USED EXCLUSIVELY FOR THE PURPOSE AS STATED ON LINE 2?  
 YES  NO; IF NO THEN EXPLAIN :

23. LIST ANY OTHER CONNECTICUT MUNICIPALITY THAT HAS **GRANTED** YOU AN EXEMPTION:

24. LIST ANY OTHER CONNECTICUT MUNICIPALITY THAT HAS **DENIED** YOU AN EXEMPTION:

25. HAS YOUR ORGANIZATION RECEIVED A "CERTIFICATE OF NEED" FROM THE CONNECTICUT OFFICE OF HEALTH CARE ACCESS?  
 YES; THEN ATTACH A CURRENT (LESS THAN TWO YEARS OLD) COPY  NO; IF NO THEN EXPLAIN :

26. HAS YOUR ORGANIZATION RECEIVED A STATE OF CONNECTICUT SALES TAX EXEMPTION?  
 YES; THEN ATTACH A COPY  NO; IF NO THEN EXPLAIN :

27. HAS YOUR ORGANIZATION RECEIVED AN EXEMPTION FROM THE IRS IN ACCORDANCE WITH SECTION 501 (c) OR 501 (d)?  
 YES; THEN ATTACH A COPY  NO; IF NO THEN EXPLAIN :

**28. AFFIDAVIT**

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

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_

Date Signed \_\_\_\_\_

Subscribed and sworn to before me \_\_\_\_\_

Notary, Member of the Assessor's Staff or Commissioner Superior Court

Date Signed \_\_\_\_\_

**FOR USE BY ASSESSOR'S OFFICE ONLY**

Approved by \_\_\_\_\_ Date \_\_\_\_\_

Denied by \_\_\_\_\_ Date \_\_\_\_\_ Reason: \_\_\_\_\_

For additional information, refer to the Connecticut State Statutes listed below:

EXEMPTIONS	12-81
EXTENSION OF TIME TO FILE	12-87a
COMPLETELY OR PARTIALLY EXEMPT PROPERTY	12-88
ASSESSORS TO DETERMINE EXEMPTIONS	12-89
EVIDENCE OF EXEMPTION FROM FEDERAL INCOME TAX	12-89a



**Town of Cromwell  
Assessor's Office  
41 West Street  
Cromwell CT 06416  
860-632-3442**

*Shawna M. Baron, CCMA II  
Tax Assessor*

*Lisa A. Ruggiero  
Assistant Assessor*

In accordance with the Connecticut General Statutes, this is the year in which the quadrennial report (M-3) must be filed with the Cromwell Assessor's Office. Connecticut General Statutes §12-81(7), (10) and (11) require the filing of a Tax Exempt Return seeking property tax exempt status. This exemption will commence and/or continue with the **October 1, 2017** Grand List.

Connecticut General Statute §12-87 requires exempt organizations to report any additional property acquired since the filing of the initial application or the latest previous quadrennial report. Organizations that have been exempt should check the box labeled **RE-APPLICATION**. Organizations initially requesting a property tax exemption for the years 2017, 2018, 2019 and 2020 should check the box labeled **INITIAL APPLICATION**. In order for your organization to request approval and/or continue to be tax exempt, the following must be submitted:

- A current Tax Exempt Application (M-3) completed and signed by authorized personnel
- The most recent Form 990 and Form 990T if applicable
- Additional information for a religious organization is required; please contact our Office if you are a religious organization seeking tax exempt status

**Incomplete applications and/or applications with missing documentation will be denied.**

If a Tax Exempt report is not filed on or before November 1, 2017 an organization may apply to the Assessor for a filing date extension, in writing, prior to November 1, 2017 pursuant to Connecticut General Statute §12-87a. When an extension is granted, a late filing fee of thirty-five dollars (\$35.00), payable to the Town of Cromwell must accompany such Tax Exempt Return. Failure to file in a timely manner will result in the removal or denial of tax exempt status.

After all documentation is received, your information will be reviewed to determine whether your organization is qualified to receive a tax exempt status.