



Tax Exempt Organization Application and Quadrennial Renewal Report

Form M3

This is a Tax Exempt return of Charitable and of certain Other Organizations to Assessors, as required by Sections 12-81 and 12-87 of the Connecticut General Statutes. One of the requirements for tax exemptions under Sections 12-81 and 12-87, C.G.S. is that a Scientific, Educational, Literary, Historical, or Charitable Institution, an Agricultural or Horticultural Society, a Cemetery Organization, or a Hospital Society*, or Corporation* or Sanatorium* must file a return every four years with the Assessor in each town in which exempt property owned by it on the assessment day is situated. Such a return, showing all such tax exempt property, must be made upon the form by any such institution, society, organization, corporation* or sanatorium* and **must be filed with each Assessor on or before November 1**, or if such day is a Sunday, on the next business day, with the Assessor. *See Section 12-81, subsection (16), as amended, C.G.S. for the filing of an exempt return by any Hospital Society of Corporation or Sanatorium.

Please file one form for each property owned

Name of Organization: _____

Mailing Address: _____ City, State, Zip: _____

Contact Person: _____ Phone: _____

Location of Property you are seeking exemption for: _____

Type of property you are seeking exemption for: Real Estate ____ Personal Property ____ Motor Vehicle ____

1. What Section of Connecticut General Statutes is your organization claiming exemption under? _____
2. What is the purpose of your organization? _____

3. How many employees does your organization employ? _____
4. Do employees receive compensation for work performed? ____ Yes ____ No
5. Does any employee, director, trustee, board member or any other person attached to such organization receive financial bonuses or any other incentives from your organization? ____ Yes ____ No ____
 - a. If yes, what is the bonus or incentive received? _____
 - b. If yes, who receives such benefit? _____
6. Attach salary schedule from the last fiscal year by position. Schedule should include position and salary.
7. Is any officer, member or employee of the organization receiving, or may he or she at any future time (even in the event of dissolution) receive any pecuniary profit from its operation, except reasonable compensation for services in effecting one or more of its purposes, or as a proper beneficiary of its strictly charitable purposes? ____ Yes ____ No
 - a. If yes, show here the manner by which such individual pecuniary profit may be received _____

8. During the last fiscal year ending ____ . What was the gross income of the organization? \$ _____
 - a. What part of such income is used for other than its main purpose? _____
 - b. Was this income subsidized by State, Federal or local government? ____ Yes ____ No ____
 - c. If yes, how much of the income came from a government agency? \$ _____
9. During such fiscal year ended ____ . What were the gross expenditures? \$ _____
 - a. What part of such income is used for other than its main purpose? _____
10. Has your organization been granted exempt status by the IRS? ____ Yes ____ No If yes, Attach copy of recent approval letter
11. Has your organization applied for an exemption in any other jurisdiction? ____ Yes ____ No
 - a. If yes in what jurisdiction(s) _____



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12. Please check the classification of your organization:
____ Scientific ____ Educational ____ Literary ____ Historical ____ Charitable ____ Agricultural
____ Horticultural Society ____ Cemetery Organization ____ Hospital ____ Sanatorium
13. Please describe in detail the type benefit your organization provides: _____

14. Do you receive any compensation for benefits provided? ____ Yes ____ No (Compensation means, donations, insurance payment/reimbursement, government payments/ reimbursements, cash payments, trade for services etc...)
15. If you answered Yes to number 7; Explain how compensation is determined.

16. If benefits are provided both with and without compensation; What percentage of the benefits are provided without compensation.
_____ %
17. What is the total amount of compensation received from the benefits provide in the last fiscal year from all sources?
_____ \$ _____
18. Do you receive income from any other source? ____ Yes ____ No
a. If yes, How much? \$ _____ From what source? _____
19. Do you subcontract any of the benefits you perform to another agency? ____ Yes ____ No
a. If yes, name of agency _____
20. Is the property used as housing? ____ Yes ____ No
a. What is the average stay or your residents? _____ (state months or years)
b. Are rents based on low or moderate income guidelines? ____ Yes ____ No (If yes attach guidelines)
c. If rent is not based on low or moderate income guidelines, how are rental rates determined? _____

d. Is any portion of the rent subsidized in whole or part by a government entity? ____ Yes ____ No
e. What is the total amount of income received from the rental of the property? \$ _____
i. What percent of this income is from a government entity? _____ % Total amount received \$ _____
21. Agricultural, Horticultural Societies Only: If such corporation is receiving from the State reimbursement in part for cash premiums given at an agricultural or horticultural exhibition held by it in the State, enter the date last reimbursement was received:

22. Cemetery Organization Only: Is its gross income entirely devoted to cemetery purposes? ____ Yes ____ No
a. If no, what is the gross income used for? _____
23. What would be the disposition of incidental profit which such organization might make? _____

a. Does its charter contain any provisions relative thereto? (If yes, submit pertinent sections of the charter.) ____ Yes ____ No
24. What would become of the property of such organization in the event of its dissolution? _____

a. Does its charter contain any provisions relative thereto? (If yes, submit pertinent sections of the charter.) ____ Yes ____ No



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25. Real Estate:

- a. What is the legal address of the property you are seeking exemption for: _____
- b. Account number _____
- c. What is this property being used for? _____
- d. Is this property being exclusively used for the purposes you entered in questions 2 of this application? ___ Yes ___ No
 - i. If no, what other purpose is this property being used for? _____
 - 1. What percent of time is this property used for purposes other than those listed in question 2 of this application? _____%
- e. Is any portion of this real property rented? ___ Yes ___ No Please provide rent schedule
 - i. What was the total amount of rent received in the last fiscal year? \$ _____
- f. Does this real estate receive compensation for use of its property other than the rent listed in above? ___ Yes ___ No
 - i. What is the total amount of compensation received? \$ _____
- g. What is the Market Value of the property? \$ _____

26. Personal Property:

- a. What is the original cost of all tangible personal property owned by the organization in the last fiscal year?
(Attach schedule of assets) \$ _____

27. Additional documents to be provided:

- a. The most recent IRS-501(c) 3 stating your tax exempt status.
- b. Charter of your organization or Copy of Bylaws (should contain purpose statement)
- c. Financial Statement-Income and Expense Statements
- d. Salaries of Trustees or Board of Directors
- e. Certificate of need if claiming exemption under 12-81 (16)
- f. Any other documents you feel are necessary to the approval of your application.
- g. The Assessor or its duly authorized agent reserves the right to request additional information to aid in the determination of this application.

I do hereby declare under penalties of false statement that the information provided is true and accurate according to the best of my knowledge, remembrance and belief. I understand failure to provide additional information whether it is requested in writing or verbally, that may assist the Assessor or their duly authorized agent in determination of the eligibility this application will result in denial.

Printed name

Position of Signer

Signature

Date

Subscribed and sworn to, before me, this _____ day of _____, 2021.

Notary Public, My Commission Expires:

_____ This Area for Office use Only _____

Application Approved _____

Application Denied _____

Assessor

Date