STATE OF CONNECTICUT
DEPARTMENT OF REVENUE SERVICES
MOTOR FUEL SECTION
25 SIGOURNEY STREET
HARTFORD CT 06106-5032
(Rev. 05/00)

## FORM AU-725a

## Motor Vehicle Fuels Tax Refund Claim GASOLINE-FARM USE ONLY

1. For additional instructions and information see reverse side.
2. Mail original to the Department of Revenue Services at the above address.
3. REFUND CLAIMS MUST BE FILED BY MAY 31, 2001, for motor vehicle fuel used during calendar year 2000.


## Computation of Claim

Multiply total non-taxable use by appropriate rate per gallon. (See rate table on reverse side.) \$
List and Identify All Commercial Registered Vehicles Owned or Operated (No refund for motor vehicle fuel used in these vehicles)

| Make | Year | Type | Motor Vehicle Reg. \# | Make | Year | Type | Motor Vehicle Reg. \# |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Make | Year | Type | Motor Vehicle Reg. \# | Make | Year | Type | Motor Vehicle Reg. \# |
| List and Identify All Farm Registered Vehicles and Farm Implements for Which Refund is Claimed |  |  |  |  |  |  |  |
| Make and Type |  |  |  | Make and Type |  |  |  |
| Make and Type |  |  |  | Make |  |  |  |

I declare under the penalty of false statement that I have examined this claim, Form AU-725a, and, to the best of my knowledge and belief, it is true, complete and correct. (The penalty for false statement is imprisonment not to exceed one year or a fine not to exceed two thousand dollars, or both.)

| Signature | Title | Date |
| :---: | :---: | :---: |
| Print Name |  |  |

## Instructions

Your motor vehicle fuels tax refund claim for motor vehicle fuel used during the calendar year 2000 must:

1. Be filed with the Department of Revenue Services on or before May 31, 2001; AND
2. Include at least 200 gallons of fuel eligible for tax refund.

Be sure to provide a telephone number where you can be contacted.

You must indicate your Connecticut tax registration number or Social Security Number in the space provided.

For all purchases of motor vehicle fuel listed, you must attach a copy of each numbered slip or invoice that was issued at the time of the purchase. The slip or invoice may be the original or a photocopy and must show the:

- Date of purchase;
- Name and address of the seller (which must be printed or rubber stamped on the slip or invoice);
- Name and address of the purchaser (which must be the name and address of the person or entity filing the claim for refund);
- Number of gallons of motor vehicle fuel purchased;
- Price per gallon; and
- Total amount paid.

You must retain records that substantiate your refund claim for at least three years following the filing of the claim and make them available to the Department of Revenue Services upon request.

You must include a copy of your current Form OR-248, Farmer Tax Exemption Permit. Failure to do so will result in your refund claim being reduced by your Connecticut business use tax liability.

Table of Motor Vehicle Fuels Tax Refund Rates for Gasoline

| January 1, 2000 | through | June 30, 2000 | $32 \nless$ per Gallon |
| :--- | :--- | :--- | :--- |
| July 1, 2000 | through |  | $25 \phi$ per Gallon |

Note: You must file a Form AU-725a for each motor vehicle fuels tax refund claim for motor vehicle fuel subject to tax at the rate in effect between January 1, 2000, and June 30, 2000, and a Form AU-725a for each motor vehicle fuels tax refund claim for motor vehicle fuel subject to tax at the rate in effect on or after July 1, 2000.

## Additional Information

If you need additional information or assistance, please call the Excise/Public Services Taxes Unit at 860-541-3225, Monday through Friday, between the hours of 8:00 a.m. and 5:00 p.m. Forms may also be downloaded from our Web site at: www.drs.state.ct.us

YOUR REFUND WILL BE APPLIED AGAINST ANY OUTSTANDING DEPARTMENT OF REVENUE SERVICES TAX LIABILITY.

