## FORM AU-725a Motor Vehicle Fuels Tax Refund Claim GASOLINE-FARM USE ONLY

(Rev. 05/00)

## INSTRUCTIONS

- 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 vear 2000.

|   |                 |          | iendar year 200    |          |                  |            |                    |              |                         |          |               | = 01/11/                                | Audit Number         |
|---|-----------------|----------|--------------------|----------|------------------|------------|--------------------|--------------|-------------------------|----------|---------------|---|----------------------|
| CT Tax Registration Number / Social Security Number |                 |          |                    | le       | Telephone Number |            |                    |              | FOR DEPARTMENT USE ONLY |          |               |   | Audit Number         |
| Name of Claimant (Type or print)                    |                 |          |                    |          | )                |            |                    | Claim Number |                         |          |               | -                                       |                      |
| Name of Claimant (                                  | Type or prin    | it)      |                    |          |                  |            |                    |              |                         | umber    |               |   |                      |
| Number and Street                                   |                 |          |                    |          |                  |            |                    |              |                         |          |               |   |                      |
| Number and Street                                   |                 |          |                    |          |                  |            |                    |              | Refund (                | Gallons  |               |   |                      |
| City or Town  |                 |          |                    | 2        | tate             | ZIP+4      |                    |              | Refund 1                | -ov      | \$            |   |                      |
|   |                 |          |                    |          | lale             | 216 14     |                    |              | Relutio                 | ax       | φ             |   |                      |
| Type of Business                                    |                 |          |                    |          | ocation of Re    | cords (if  | different from a   | hove         | Reviewe                 | d By     |               |   | Date                 |
| Type of Dusiness                                    |                 |          |                    |          |                  |            | unerent nom a      | 0000)        | Treviewe                | цБу      |               |   | Date                 |
| Prior Claim Filed for                               | Period End      | ina      | Period of Claim    |          |                  |            |                    |              | Approved                | 1 By     |               |   | Date                 |
| /   | /               |          | From               |          |                  | То         |                    |              | , ppiovo                | ,        |               |   | Duto                 |
| No. of Storage Tank                                 |                 | eters    |                    | Total C  | Capacity of      |            | Acre               | s Under      | Cultivatio              | <br>ו    | Type of       | Farming                                 |                      |
|   |                 | Yes      | 🗖 No               | Storage  | e Tanks          |            |                    |              |                         | -        | .,,,          | · •                                     |                      |
|   |                 |          |                    |          |                  |            |                    |              |                         |          |               |   | Non-taxable          |
| Date  |                 |          | Purchased I        | From     |                  |            | Number             | of Gas       | oline G                 | allons   | Taxa          | able Use                                | Use                  |
|   | Br              |          |                    | Reai     | nning Inv        | entory     |                    |              |                         |          |               |   |                      |
|   |                 |          |                    | Degi     | ining init       | entery     |                    |              |                         |          | <u> /////</u> | /////////////////////////////////////// |                      |
|   |                 |          |                    |          |                  |            |                    |              |                         |          |               |   |                      |
|   |                 |          |                    |          |                  |            |                    |              |                         |          |               |   |                      |
|   |                 |          |                    |          |                  |            |                    |              |                         |          |               |   |                      |
|   |                 |          |                    |          |                  |            |                    |              |                         |          |               |   |                      |
|   |                 |          |                    |          |                  |            |                    |              |                         |          |               |   |                      |
|   |                 |          |                    |          |                  |            |                    |              |                         |          |               |   |                      |
|   |                 |          |                    |          |                  |            |                    |              |                         |          |               |   |                      |
|   |                 |          |                    |          |                  |            |                    |              |                         |          |               |   |                      |
|   |                 |          |                    |          |                  |            |                    |              |                         |          |               |   |                      |
|   |                 |          |                    |          |                  |            |                    |              |                         |          |               |   |                      |
|   |                 |          |                    |          |                  |            |                    |              |                         |          |               |   |                      |
|   |                 |          |                    |          |                  |            |                    |              |                         |          |               |   |                      |
|   |                 |          |                    |          |                  |            |                    |              |                         |          |               |   |                      |
|   |                 |          |                    | E        | nding Inv        | ontony     |                    |              |                         |          |               |   |                      |
| <b>T</b>  | Ending Inventor |          |                    |          |                  |            |                    |              |                         |          | <u> </u>      | /////////////////////////////////////// |                      |
| Total Use   |                 |          |                    |          |                  |            |                    |              |                         |          |               |   |                      |
| Computation   |                 |          |                    |          |                  |            |                    |              |                         |          |               |   |                      |
| Multiply total                                      | non-taxab       | ole use  | by appropriate rat | te per g | gallon. (See     | e rate tak | ole on reverse     | side.) \$    | \$                      |          |               | -                                       |                      |
| List and Ident                                      | tify All C      | omm      | ercial Registe     | red V    | /ehicles (       | Owned      | or Operate         | d (No        | refund fo               | or motor | vehicle fi    | uel used in                             | these vehicles)      |
| Make  | -               | Year     | Туре               |          | Motor Vehicle    |            | -                  |              |                         | Year     | Туре          |   | Motor Vehicle Reg. # |
|   |                 |          |                    |          |                  |            |                    |              |                         |          |               |   |                      |
| Make  |                 | Year     | Туре               |          | Motor Vehicle    | e Reg. #   | Make               |              |                         | Year     | Туре          | )                                       | Motor Vehicle Reg. # |
|   |                 |          |                    |          |                  |            |                    |              |                         |          |               |   |                      |
| Li  | st and lo       | denti    | fy All Farm Reg    | giste    | red Vehic        | cles ar    | d Farm Im          | pleme        | ents for                | Which    | Refund        | is Claim                                | ed                   |
| Make and Type                                       |                 |          |                    |          |                  |            | Make and Type      |              |                         |          |               |   |                      |
|   |                 |          |                    |          |                  |            |                    |              |                         |          |               |   |                      |
| Make and Type                                       |                 |          |                    |          |                  |            | Make and Type      |              |                         |          |               |   |                      |
|   |                 |          |                    |          |                  |            |                    |              |                         |          |               |   |                      |
| I declare under t                                   | the penalt      | ty of fa | lse statement the  | atlha    | ve examin        | ed this    | claim, <b>Form</b> | AU-72        | 5a, and,                | to the b | est of m      | y knowled                               | ge and belief, it    |
| is true, complete<br>dollars, or both.)             | e and corr      | rect. (  | The penalty for fa | alse st  | tatement is      | simpris    | onment not t       | o exce       | ed one y                | ear or a | tine not      | to exceed                               | two thousand         |
| -   | /               |          |                    |          |                  | Title      |                    |              |                         |          |               | Date                                    |                      |
| Signature   |                 |          |                    |          |                  | i iuc      |                    |              |                         |          |               | 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¢ per Gallon |  |  |  |  |  |  |
| July 1, 2000  | through |               | 25¢ per Gallon |  |  |  |  |  |  |
| Notes Very much file a Form ALL 70Fo for each mater uphile fuels to under a find a laim for mater |         |               |                |  |  |  |  |  |  |

**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.