STATE OF CONNECTICUT DEPARTMENT OF REVENUE SERVICES MOTOR FUEL SECTION 25 SIGOURNEY STREET HARTFORD CT 06106-5032

FORM AU-736a Motor Vehicle Fuels Tax Refund Claim GASOLINE-MOTOR BUS/TAXICAB

(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.
- REFUND CLAIMS MUST BE FILED BY MAY 31, 2001, for motor vehicle fuel used during calendar year 2000.

CT Ta	ax R	egis	trati	on Number / Social	Security Number	Telephone N	Number			FOR DEPARTMENT USE ONLY		E ONLY	Audit Number
Name	of	Clair	man	t (Type or print)		, ,	Claim No		Claim Number			-	
Numb	er a	and :	Stre	eet					I	Refund Gallons			
City c	r To	wn				State	ZIP+4 Refund Tax			Refund Tax	\$		
Type of Business Location of								different from abov	/e) I	Reviewed By		Date	
Prior	Clai	m F	iled	for Period Ending	Period of Claim From	То			,	Approved By			Date
Motor Vehicle Fuel Purchased													
Date				Purcha	Number of Gasoline Gallons Date				Purchased From		Number of Gasoline Gallons		
							- 4 - 1 - NI-			0.11	December		
	N	Л	1	Total operating m	niles		ımber of Ga	solin	ie Gallons	Purchas	ed		
	L		••		motor buses or to	taxicab	os owned,						
C	T F V	Г ?	2.	Out-of-state mileage									
M		A / =	3.	Total - miles operated on Connecticut roads (Subtract				om Line 1)					
P	E L E		4.	Percent of miles (Divide Line									
U T	MOTOR VEHICLE		5.	5. Total gallons of fuel used (Include actual gallons of fuel used for all purposes)									
A T		F U E	6.	6. Fuel used other than in operation of motor buses or taxicabs (Includes fuel used for cleaning, operation of non-highway equipment, and motor vehicles other than motor buses or taxicabs)									
0			7.	Net operating gallons used exclusively in motor buses or taxicabs (Subtract Line 6 from Line 5)									
N		Ď	8.	Gallons used to operate motor buses or taxicabs on Connecticut roads (Multiply Line 7 by Line 4)									
9. Tax Refund Claimed (Multiply Line 8 by per gallon. See rate table on reverse side for appropriate rate.) \$													
I declare under the penalty of false statement that I have examined this claim, Form AU-736a , 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	Title Date					
Print Name													

Instructions

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

- Be filed with the Department of Revenue Services on or before May 31, 2001; AND
- 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 the purchases reported on Line 5, 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.

Motor bus companies must attach a copy of their certificate of public convenience and necessity issued under Chapter 244 of the Connecticut General Statutes with each claim filed.

Taxicab operators must attach a copy of their certificate of public convenience and necessity issued under Chapter 244a of the Connecticut General Statutes with each claim filed.

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.

Table of Motor Vehicle Fuels Tax Refund Rates for Gasoline

Motor Buses	January 1, 2000	through	June 30, 2000	32¢ per Gallon
	July 1, 2000	through		25¢ per Gallons
Taxicabs	January 1, 2000	through	June 30, 2000	16¢ per Gallon
	July 1, 2000	through		12.5¢ per Gallons

Note: You must file a Form AU-736a 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-736a 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

please call the Excise/Public Services Taxes Unit at 860-541-3225, Monday through Friday, between the SERVICES TAX LIABILITY. 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

If you need additional information or assistance, YOUR REFUND WILL BE APPLIED AGAINST ANY