

**FORM AU-736b**  
**Motor Vehicle Fuels Tax Refund Claim**  
**DIESEL-MOTOR BUS/TAXICAB**

(Rev. 11/00)

**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 diesel fuel used during calendar year 2000.

CT Tax Registration Number / Social Security Number		Telephone Number (    )		<b>FOR DEPARTMENT USE ONLY</b>	Audit Number
Name of Claimant (Type or print)				Claim Number	
Number and Street				Refund Gallons	
City or Town		State	ZIP+4	Refund Tax    \$	
Type of Business		Location of Records (if different from above)		Reviewed By	Date
Prior Claim Filed for Period Ending / /	Period of Claim From		To	Approved By	Date

**Diesel Fuel Purchased**

Date	Purchased From	Number of Diesel Gallons	Date	Purchased From	Number of Diesel Gallons
<b>Total Number of Diesel Gallons Purchased</b>					

<b>COMPUTATION</b>	<b>MILES TRAVELED</b>	1. Total operating miles (Includes total miles traveled in and out of Connecticut by motor buses or taxicabs owned, leased, or borrowed, including charters)	
		2. Out-of-state miles	
		3. Total - miles operated on Connecticut roads (Subtract Line 2 from Line 1)	
		4. Percent of miles traveled on Connecticut roads (Divide Line 3 by Line 1 - carry to .0001)	
	<b>DIESEL FUELS USED</b>	5. Total gallons of fuel used (Include actual gallons of fuel used for all purposes)	
		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)	
		7. Net operating gallons used exclusively in motor buses or taxicabs (Subtract Line 6 from Line 5)	
		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-736b**, 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 diesel fuel used during calendar year 2000 must:

1. Be filed with the Department of Revenue Services (DRS) 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 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 diesel fuel purchased;
- Price per gallon; and
- Total amount paid.

## **Motor Vehicle Fuels Tax Refund Rates for Diesel**

**Motor Buses**.....\$.18 per gallon  
**Taxicabs**.....\$.09 per gallon

**Note:** Complete a separate **Form AU-736b** for each effective tax rate.

**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 DRS upon request.

## **Additional Information**

If you need additional information or assistance, please call the Excise/Public Services Taxes Subdivision 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](http://www.drs.state.ct.us)**

**YOUR REFUND WILL BE APPLIED AGAINST ANY OUTSTANDING DRS TAX LIABILITY.**