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

CT Tax Registration Number / Social Security Number

FORM AU-737C

Motor Vehicle Fuels Tax Refund Claim GASOLINE-LIVERY SERVICE

(Rev. 06/00)

INSTRUCTIONS

Audit Number

FOR DEPARTMENT USE ONLY

- 1. For additional instructions and information see reverse side.
- 2. Mail original to the Department of Revenue Services at the above address.

Telephone Number

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

Name of Claimant (Type or print) Number and Street								nber			
								Refund Gallons			
Number and Site	eı						Treduita de	2110110			
City or Town State					ZIP+4 Refund Tax			x \$			
Type of Business Location					of Records (if different from above)			Ву		Date	
Prior Claim Filed for Period Ending Period of Claim From			То			Approved By			Date		
,	<u> </u>									1	
				Motor V	ehicle Fuel F	Purchase	d				
	Date	e Purchased From			Number of asoline Gallons	Date	F	urchased From		Number of Gasoline Gallons	
SCHEDULE											
Α											
STATEMENT											
OF											
MOTOR VEHICLE											
FUEL											
PURCHASES											
		Total Number of Gasoline Gallons Purchased									
		1. To	otal miles for period	t l					<u>_</u>		
		Total gasoline gallons for period (Enter the total number of gasogallons from Schedule A)					gasoline				
		3. Average miles per gallon (Divide Line 1 by Line 2)					/				
COMPUTATION		Total Connecticut miles used for transportation of passengers.					iers				
		5. Refund gallons (Divide Line 4 by Line 3)					,				
		6. Tax refund (Multiply Line 5 by 1/2 of the appropriate rate per gal See rate table on reverse side.)					illon.	\$			
I declare und belief, it is tr two thousan	ue, comp	olete, ar	of false statement that and correct. (The pen h.)	at I have exa	amined this clais statement is in	im, Form Amprisonme	AU-737c, and not to e	and, to the bes	st of my kr ar or a fine	nowledge and e not to exceed	
Signature					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 2, 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.

Livery service operators (except motor buses) must attach a copy of their permit issued under Chapter 244b 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

Livery service vehicles (except motor buses) are refunded at half the appropriate motor vehicle fuels tax rate.

January 1, 2000 through June 30, 2000 16¢ per Gallon July 1, 2000 through 12.5¢ per Gallon

Note: You must file a Form AU-737c 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-737c 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.