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

# FORM AU-741a

# Motor Vehicle Fuels Tax Refund Claim GASOLINE USED IN COMMUTER VANS

**INSTRUCTIONS** 

(Rev. 06/00)

- 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.

CT Tax Registration Number / Social Security Number					Telephone Number				FOR DEPARTMENT USE ONLY		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						cation of Records (if different from above)			Зу	Date	
Prior Claim Filed for Period Ending Period of Claim From					То				Ву	Date	
Owner or Lessee of Vehicle							Vehicle Reg	istration Number Average Dai		ily Passengers (Min. 9	
Name of Driver							Employer of	Driver			
Daily Routes Traveled (Start – Finish – Towns)							Daily Miles 1	raveled			
Motor Vehicle Fuel Purchased											
SCHEDULE	Date				lumber of oline Gallons	Date	Purchased From		Number of Gasoline Gallons		
A											
STATEMENT OF MOTOR VEHICLE											
FUEL PURCHASES						T-1-1 N1		!: 0	-U B		
		Total Number of Gasoline Gallons Purchased  Odometer reading at end of period									
SCHEDULE B		Odometer reading at start of period									
		Total mileage for period									
		Total miles for period (Schedule B)									
COMPUTATION		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)									
		4. Total Connecticut miles to and from work for period									
		5. Refund gallons (Divide Line 4 by Line 3)									
		6. Tax refund (Multiply Line 5 by appropriate rate per gallon. See rate table on reverse side.)							\$		
I declare under the penalty of false statement that I have examined this claim, <b>Form AU-741a</b> , 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.)											owledge and 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 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.

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**

January 1, 2000 through June 30, 2000 32¢ per Gallon July 1, 2000 through 25¢ per Gallon

Note: You must file a Form AU-741a 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-741a 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.