STATE OF CONNECTICUT DEPARTMENT OF REVENUE SERVICES Excise/Public Services Taxes Subdivision 25 Sigourney Street Hartford CT 06106-5032

## Form AU-741b Motor Vehicle Fuels Tax Refund Claim Diesel — Commuter Vans

(Rev. 07/01)

## Instructions

- 1. For additional instructions and information see reverse side.
- 2. Mail original to the Department of Revenue Services (DRS) at the above address.
- 3. Refund claims must be filed by May 31, 2002, for diesel fuel used during calendar year 2001.

CT Tax Registration	on Number	/ Social Security Number	Telephone Number			FC	OR DRS USE	Audit Number	
Name of Claimant	print)			Claim Nun	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				То			у	Date	
Owner or Lessee	of Vehicle	110111				egistration Number		Average Daily Passengers (Min. 9)	
Name of Driver					Employer o	f Driver			
Daily Routes Trave	eled (Start	– Finish – Towns)			Daily Miles	Traveled			
Diesel Fuel Purchased									
	Date Purchased From		D	Number of iesel Gallons	Date	Purchased From		ı	Number of Diesel Gallons
SCHEDULE									
Α									
STATEMENT									
OF									
DIESEL FUEL PURCHASES									
		Total Number of D					allons Purc	hased	
		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 gallons of diesel fuel for period gallons from Schedule A							
		3. Average miles per gallon (Divide Line 1 by Line 2)							
		4. Total miles to and from work for period							
		5. Refund gallons (Divide Line 4 by Line 3)							
		6. Tax refund (Multiply Line 5 by 18¢ (.18) per gallon)					\$		
I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand that the penalty for willfully delivering a false return to DRS is a fine of not more than \$5,000, or imprisonment for not more than 5 years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.									
Signature				Title				Date	
Print Name									

## Instructions

Your motor vehicle fuels tax refund claim for diesel fuel used during calendar year 2001 must:

- 1. Be filed with DRS on or before May 31, 2002; 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 diesel fuel being 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 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

Your refund will be applied against any outstanding DRS tax liability.