Department of Revenue Services State of Connecticut Excise/Public Services Taxes Subdivision 25 Sigourney Street Hartford CT 06106-5032

Form AU-724a

Motor Vehicle Fuels Tax Refund Claim Gasoline

(Rev. 11/02)

Off Highway, Governmental, & School Bus Use Instructions

- 1. For instructions and additional information see reverse side.
- 2. Mail original to the Department of Revenue Services (DRS) at the above address.
- Refund claims must be filed by May 31, 2003, for gasoline used during calendar year 2002.

CT Tax Registration Number / Social Security Number					phone	Number	-, · · · · · g-· · ·	FOR DRS USE ONLY		Audit Number
Name of Claimant (Type or print)								Claim Number		
								Refund Gallons		
Number and Street								Refund Tax \$		
City or Town Type of Business					State ZIP+4 Less Use Tax			Less Use Tax \$		
					Net Refund Tax \$					
					ition of I	Records (if differen	t from above)	•		
Prior Claim Filed for Period Ending								Reviewed By		Date
/ /			From		То			Approved By		Date
Sc	hedule A	Date	Name of Supplier			Number of soline Gallons	Date	Name of Supplier		Number of Gasoline Gallons
Statement										
Ū	of									
Gasoline										
	urchases									
	(Attach eceipts)									
	,									
Schedule B Statement of Non-taxable Use		Qty.	*' '			Gallons	Qty.	Type of Equipment		Gallons
			Backhoes					Power Saws - Mowers		
			Bulldozers Carburator Engine Tests					ower Shovels		
			Carburetor - Engine Tests					rumping Units tail - Baggage Trucks		
			Cement - Mixer Units Compressors					Refrigerator Units		
(List the number			Cranes					Road Rollers		
of pieces of			Fork Lifts and Hoists					Road Scrapers		
each type of			Heating Units					School Buses (See Sch. B Instruct	tions)	
equipment and the			Loaders					Tow Motors		
number of			Lighting Units					Unregistered Vehicles (Attach li	ist)	
gallons used			Motor Boats - Registration Number(s)					Welders		
in each.)						Well Drilling Units				
			Government Vehicles (See Instruc	ctions)				TOTAL (Minimum of 200 gallon	s)	
	1. Ope	ning inve	entory - (gallons)							
С	2. Purchases - (gallons) (Schedule A)									
0	3. Total (gallons) (Add Line 1 and Line 2)									
m p	4. Closing inventory - (gallons)									
u	Gasoline used (gallons) (Subtract Line 4 from Line 3)									
t										
6. Nontaxable use (gallons) (Schedule B)										
t i	7. Taxable use (gallons) (Subtract Line 6 from Line 5)									
0		8. Gross refund (Multiply Line 6 by 25¢ (.25) per gallon)								\$
n	9. Use tax due (See Instructions for Computation of Use Tax on reverse side)								\$	
	10. Net refund (Subtract Line 9 from Line 8)									\$
and imp	d belief, it is	true, com or not mor	plete, and correct. I understand	that th	ne pen	alty for willfully	delivering a	edules and statements) and, to the false return to DRS is a fine of ne taxpayer is based on all information	ot mo	re than \$5,000, or
	nature					Title		Date		
Print Name										

Instructions

Use **Form AU-724a** to file a motor vehicle fuels tax refund claim for gasoline:

- Used by the United States, the State of Connecticut, or a municipality of the State of Connecticut;
- Used in any school bus, as defined in Conn. Gen. Stat. §14-275; or
- c. Used for off highway use.

Your motor vehicle fuels tax refund claim for gasoline used during calendar year 2002 must:

- Be filed with DRS on or before May 31, 2003; 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 gasoline 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.

Schedule A Instructions

Indicate the date of purchase, name of the supplier, and number of gasoline gallons purchased.

Schedule B Instructions

- 1. Enter the quantity of each type of equipment and total number of gallons used in each.
- 2. Enter a registration number for all motor boats you list.
- The school bus refund is for any school bus, as defined in Conn. Gen. Stat. §14-275.

Instructions for Computation of Use Tax

Purchases of gasoline, on which a motor vehicle fuels tax refund claim is allowed, are subject to Connecticut use tax at the use tax rate in effect at the time of the purchase. Use tax is calculated on the price paid per gallon less the Connecticut motor vehicle fuels tax rate. You must determine your Connecticut use tax liability on such purchases according to the following steps:

Step 1

Divide the total amount you paid (including all taxes and charges) to purchase the gasoline reported on Line 2 of this form by the total gallons reported on Line 2 of this form to compute your average price per gallon of fuel.

Step 2

Subtract the Connecticut motor vehicle fuels tax rate (25¢ (.25) per gallon) from your average price per gallon to compute your net average price per gallon.

Step 3

Multiply your **net average price per gallon** by the number of gallons entered on Line 6. Multiply that amount by the use tax rate of 6% (.06) to compute your **use tax due**. Enter the **use tax due** on Line 9.

Note: If you claim exemption from the Connecticut use tax because the fuel was used and consumed directly in manufacturing or commercial fishing, you must send the appropriate exemption certificate with each refund claim filed.

Additional Information

If you need additional information or assistance, please call the Excise/Public Services Taxes Subdivision at **860-541-3225**, Monday through Friday, 8:00 a.m. to 5:00 p.m. Forms may be downloaded from our Web site at: www.drs.state.ct.us

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