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

Form AU-725a Motor Vehicle Fuels Tax Refund Claim Gasoline — Farm Use Only

Instructions

(Rev. 11/02)

- 1. For instructions and additional 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, 2003, for gasoline used during calendar year 2002.

CT Tax Registration Number / Social Security Number Teleph (ephone Number)				FOR DRS USE ONLY				r
Name of Claimant (Type or print)									Claim Number					
Number and Street			Refund G	iallons			1							
City or Town State						ZIP+4			Refund Tax \$					
Type of Business Loca						ocation of Records (if different from above)			Reviewed	Reviewed By			Date	
Prior Claim Filed for					Approved	By			Date					
/	/		From			То				•				
No. of Storage Tank	_	eters Yes	□No	Tota Stor	l Capacity of age Tanks			Acres Under	Cultivation		Type of	Farming	•	
Date	Purchased			l Fro	From			Number of Gasoline Gallons			Taxable Use Non-taxa			able
	B				ginning Inv	/entorv					/////	//////	////////	/////
						ggvoo.,					<i>V////</i>	/////////	<i>/////////</i>	/////
	Ending In					entory	у							
Total Use														
Computation of Claim														
Multiply total non-taxable use by 25¢ (.25) per gallon \$														
List and Identify All Commercially Registered Vehicles Owned or Operated (No refund for gasoline used in these vehicles) Attach additional sheets, if necessary.														
Make Year Type Motor Vehicle R							Make	gacomi		Year		е	Motor Vehicle Reg. #	
Make		Year	Туре	Motor Vehicle		le Reg. #	Make		,	Year	Тур	e	Motor Vehicle Reg. #	
1:-4 1114:6- 4			d Walti-lan and			. 4 - <i>6</i> W	liink Dad			! -!!!!	1 -14- :	<i>.</i>		
List and Identify A Make and Type	All Farm R	egiste	ered venicies an	a Far	m impiemen	its for w		nd Type	ied Attach	additional	i sneets, ii	r necessary.		
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Make and Type								Make and Type						
I declare under per and belief, it is tru imprisonment for r has any knowled	ue, comple not more t	ete, an	d correct. I unde	rstan	d that the pe	nalty for	willfully	delivering a f	false retur	n to DRS	S is a fir	ne of not m	ore than \$5,0	00, or
Signature						Title						Date		
Print Name														
						1						1		

Instructions

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

- 1. 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 of gasoline listed, 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.

You must include a copy of your current Form OR-248, Farmer Tax Exemption Permit. Failure to do so will result in your refund claim being reduced by your Connecticut business use tax liability.

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.