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

Form AU-738a Motor Vehicle Fuels Tax Refund Claim Gasoline — Nutrition Program

(Rev. 11/02)

Instructions

- 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		Telephone Number		FOR DRS 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 of Records (if different from above)		Reviewed By		Date		
Prior Claim Filed for Period Ending	Period of Claim			Approved By		Date		
	From	m To						

Gasoline Purchased											
	Date	Purchased From	Number of Gasoline Gallons	Date	P	urchased From		Number of Gasoline Gallons			
Schedule											
Α											
Statement of											
Gasoline Purchases											
Fulchases											
		Total Number of Gasoline Gallons Purchased									
1. Total miles for period											
Computation		2. Total gallons of gasoline fo									
		3. Average miles per gallon (I									
		4. Total miles in delivery vehicle delivery of meals to senior									
		5. Refund gallons (Divide Line									
		6. Tax refund (Multiply Line 5	\$								
and belief, it is	true, con or not mo	of law that I have examined this return nplete, and correct. I understand that re than 5 years, or both. The declarati	the penalty for willfully	delivering a	a false return	to DRS is a fine	of not m	ore than \$5,000, or			
Signature			Title	Title				Date			
Print Name											

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
- 2. 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 attach a copy of your contract with your local area agency on aging as evidence of your eligibility to provide Title III-C meals to senior citizens.

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, 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.