Department of Revenue Services State of Connecticut Excise Taxes Unit 25 Sigourney Street Hartford CT 06106-5032 (Rev. 09/04) Name of Claimant ( <i>Type or print</i> ) Telephone Number ( ) Number and Street City or Town State		Form AU-741 Motor Vehicle Fuels Tax Refund Claim Commuter Vans To must check the appropriate fuel type box on the right. Refund claims must be filed on or before May 31, 2005, for tuel used during calendar year 2004.				Fuel Type     □ Diesel   □ Motor Vehicle Fuels (Gasoline - Gasohol)     Claim Type     Commuter Vans     Period of Claim in Calendar Year			
Type of Business Location of				if different	DRS use only				
Owner o	or Lessee of Vehicle				Vehicle Registration Number		ge Da	aily Passengers (Min. 9)	
Name of Driver					Employer of Driver				
Daily Routes Traveled (Start – Finish – Towns)					Daily Miles Traveled				
Schedu	ule A Statement of Motor Vehicle	Fuel Purchases. Receipt	s must be	attache	d.				
Date	Name of Supplier	Gallons	of Fuel	Date	Name of S	Supplier		Gallons of Fuel	
					Total (R	ound to the nearest whole g	allon.)		
Schedule B Odometer readings at the beginning and the end of period.									
1. Odometer reading at end of a period   1.									
2. Odometer reading at start of a period				<ul><li>▶ 2.</li><li>▶ 3.</li></ul>					
3. Schedu	Total mileage for a period <b>JIE C</b> Computation of net refunc	1		▶ 3.					
Schedule C   Computation of net refund.     1.   Total miles for period (Enter the total from Schedule B, Line 3)     •   1.									
2. Total fuel gallons for period (Enter the total number of fuel gallons from Schedule A) ► 2.							-		
3. Average miles per gallon (Divide Line 1 by Line 2)							3.		
4. Total miles to and from work for this period.						►	4.		
5. Refund gallons (Divide Line 4 by Line 3)							5.		
6. Tax refund claimed (Multiply Line 5 by per gallon. (See refund rate table on reverse side for appropriate rate) 🕨 6. \$								\$.00	
it is true than fiv Taxpayer Paid Prep	e under penalty of law that I have exar e, complete, and correct. I understand e years, or both. The declaration of a Signature arer Signature	the penalty for willfully delive	vering a fa the taxpay Title Telephone	lse returr yer is ba e Number	n to DRS is a fine of not mo sed on all information of v	ore than \$5,000, or in vhich the preparer ha Date Date	npris as ai	onment for not more ny knowledge.	
Print Preparer Name				s Address		Preparer's SSN or PTIN			

Your motor vehicle fuels tax refund claim for fuel used during calendar year 2004 must:

- 1. Be filed with Department of Revenue Services (DRS) on or before May 31, 2005; **and**
- Involve at least 200 gallons of fuel eligible for tax refund.

The appropriate fuel type box must be marked on the front of this form in order to process this claim. You must file a separate Form AU-741 for each motor vehicle fuel type.

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 fuel listed, you must attach a copy of each numbered slip or invoice 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 fuel purchased;
- Price per gallon;
- Total amount paid; and
- If payment is made within a discounted period, provide proof of amount paid.

You must retain records to substantiate your refund claim for at least three years following the filing of the claim and make them available to DRS upon request.

Table of Motor Vehicle Fuels Tax Refund Rates for 2004 for Commuter Vans

Diesel January 1, 2004 through December 31, 2004 26¢ per Gallon

Motor Vehicle Fuels

January 1, 2004 through December 31, 2004 25¢ per Gallon

Note: You must file a separate Form AU-741 for each motor vehicle fuel type.

**Rounding Off to Whole Dollars:** You must round off cents to the nearest whole dollar on your motor vehicle fuels tax refund claim. Round down to the next lowest dollar all amounts that include 1 through 49 cents. Round up to the next highest dollar all amounts that include 50 through 99 cents. However, if you need to add two or more amounts to compute the total to enter on a line, include cents and round off only the total.

Example: Add two amounts (\$1.29 + \$3.21) to compute the total (\$4.50) to enter on a line. \$4.50 is rounded to \$5.00 and entered on the line.

Mail the completed refund application to: Department of Revenue Services State of Connecticut Excise Taxes Unit 25 Sigourney Street

Hartford CT 06106-5032

## **Additional Information**

If you need additional information or assistance, please call the Excise Taxes Unit at **860-541-3224**, Monday through Friday, 8:00 a.m. to 5:00 p.m. Forms may be downloaded from our Web site at **www.ct.gov/DRS** 

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