Department of Revenue Services Excise Taxes Unit 25 Sigourney Street Hartford CT 06106-5032 (Rev. 11/05)

## Form AU-738

Motor Vehicle Fuels Tax Refund Claim
Nutrition Program
You must check the appropriate fuel type box on the right. Refund claims must be filed on or before May 31, 2006, for fuel used during calendar year 2005.

,,	► ☐ Motor Vehicle Fuels (Gasoline - Gasohol)
Fuel Type	

Claim Type

► Nutrition Program

Name of Claimant (Type or print)			Period of Claim	For DRS Use Only			Audit Number				
Telephone Number			CT Tax Registra	Claim Number Voucher Number							
			► Tax Hogicus								
Number a	nd Street		FEIN			Refund Gallons					
			<b>&gt;</b>								
City or To	wn		SSN								
			Dua en en hafens			Net Refund \$					
State ZIP+4			Due on or before May 31, 2006			Reviewed By Da			Date		
Type of Business Location of Records (if different from above)							Approved By		Date		
Schedule A Statement of Motor Vehicle Fuel Purchases. Receipts must be attached.											
		1			Name of C	unnline		0.0	llone of Fire!		
Date	Name of Supplier	Gallons of Fu	Jei Date	Date Name of Supplier			Gallons of Fuel		lions of Fuel		
								_			
					Total (Ba	ound to the nearest wh	مام ممال	on )			
					TOtal (no	dila to the hearest wil	ole gall	511.)			
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.											
Sched	ule B Computation of net refund.										
1.	Total miles for period							1.			
2.								2.			
3.								3.			
4.	4. Total miles in delivery vehicles that are used exclusively for the delivery of meals to se							4.			
5.								5.			
6.	Tax refund claimed (Multiply Line 5 by per	er gallon. (See ı	refund rate ta	ole on reverse s	side for ap	propriate rate.))		6. \$	.00		
Declaration: 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 the penalty for willfully delivering a false return or document to the Department of Revenue Services (DRS) is a fine of not more than \$5,000, or imprisonment for not more than five 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.  Taxpayer Signature											
Taxpayer Signature Title							uic				
Print Tax	payer Name	Tel	ephone Number			Date					
Print Preparer Name Pre			eparer's Address			Preparer's SSN or PTIN			PTIN		

## Instructions

You must use black or blue ink to complete your return.

Your motor vehicle fuels tax refund claim for fuel used during calendar year 2005 must:

- Be filed with the Department of Revenue Services (DRS) on or before May 31, 2006; and
- 2. 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-738**, *Motor Vehicle Fuels Tax Refund Claim*, 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, Federal Employer Identification Number (FEIN), or Social Security Number (SSN) 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 2005 for Nutrition Program

Diesel January 1, 2005 through December 31, 2005 26¢ per Gallon

Motor Vehicle Fuels

January 1, 2005 through December 31, 2005 25¢ per Gallon

Note: You must file a separate Form AU-738 for each motor vehicle fuel type.

For Line 6 Only - 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.

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.

Mail the completed refund application to:
Department of Revenue Services
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, 8:30 a.m. to 4:30 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.