Department of Revenue Services State of Connecticut Excise Taxes Unit 25 Sigourney Street Hartford CT 06106-5032 (Rev. 03/05)

Print Preparer Name

Schedule AU-750 Monthly Report of Motor Fuel Carrier

Export or **Import Schedule of Petroleum Products**You must check the appropriate fuel type box on the right. Do not combine report types. Use a separate schedule for import and export and each fuel type.

Fuel Type					
▶ ☐ Diesel ▶ ☐ Gasoline ▶ ☐ Gasohol					
Report Type					
►□Export <u>or</u> ►□Import <u>(Do not combine</u>)					
Report for Month Ending					
▶/ through/					
CT Tax Registration Number					
>					
FEIN or SSN					
>					
Due on or before					
DRS use only					

Preparer's SSN or PTIN

1. Date of Shipment	2. Type of Product Loaded	3. Date of Delivery	4. Gallons	5. Name of Boat, Barge, or Vessel	
6. Loading Terminal Name	7. Loading Terminal Address			8. Loading Terminal TCN	
9. Consignor Name	10. Consignor Address	10. Consignor Address			
11. Consignee Name	12. Consignee Address (actual delivery point)			13. Receiving Terminal TCN	
1. Date of Shipment	2. Type of Product Loaded	3. Date of Delivery	4. Gallons	5. Name of Boat, Barge, or Vessel	
6. Loading Terminal Name	7. Loading Terminal Address			8. Loading Terminal TCN	
9. Consignor Name	10. Consignor Address	10. Consignor Address			
11. Consignee Name	12. Consignee Address (actual	12. Consignee Address (actual delivery point)			
1. Date of Shipment	2. Type of Product Loaded	3. Date of Delivery	4. Gallons	5. Name of Boat, Barge, or Vessel	
6. Loading Terminal Name	7. Loading Terminal Address			8. Loading Terminal TCN	
9. Consignor Name	10. Consignor Address	10. Consignor Address			
11. Consignee Name	12. Consignee Address (actual delivery point)			13. Receiving Terminal TCN	
and belief, it is true, complete, and	ty of law that I have examined this repor correct. I understand the penalty for wil The declaration of a paid preparer othe	Ifully delivering a false report to D	DRS is a fine of not mor	e than \$5,000, or imprisonment for	
Taxpayer Signature		Title		Date	
Paid Preparer Signature		Telephone Number		Date	

Preparer's Address

Import Schedule of Petroleum Products General Instructions

Under Conn. Gen. Stat. §12-476a, the Commissioner of the Department of Revenue Services directs all companies or persons transporting fuel **into** Connecticut or **out** of Connecticut, to complete **Schedule AU-750**, *Monthly Report of Motor Fuel Carrier*. <u>You must file a separate Schedule AU-750 for each claim type</u>. File this schedule with the **Department of Revenue Services (DRS)**, **Audit Division**, **Excise Taxes Unit**, on or before the last day of the month following the month being reported.

Report for period ended: Insert month and year covering activity being reported.

Signature, **Title**, **and Telephone**: This schedule must be signed by its preparer. The preparer must also list his or her title and a phone number where he or she can be reached.

Make additional copies of this schedule if more than one page is required.

Line Instructions

- Date of Shipment: Insert date that product was loaded on boat, barge, or vessel.
- **2. Type of Product Loaded**: Insert type of product, for example, gasoline, alcohol, #2 fuel oil, kerosene, aviation fuels, diesel, #6 oil, and any other type of fuel including compounds such as naptha, etc. It is not necessary to indicate the grade of gasoline.
- **3. Date of Delivery:** Insert date that product was pumped from boat, barge, or vessel into storage in the destination state.
- **4. Gallons**: Insert the total number of gallons pumped into storage in the destination state. Gross gallons are preferred, but if not readily available, use net gallons and so indicate.
- Boat, Barge, or Vessel Name: Insert name of boat, barge, or vessel transporting product.
- **6. Loading Terminal Name**: Insert name of terminal where product was loaded onto boat, barge, or vessel.
- 7. Loading Terminal Address: Insert address of terminal where product was loaded onto boat, barge, or vessel.

- **8. Loading Terminal TCN**: Insert Terminal Control Number issued by the Internal Revenue Service (IRS).
- **9. Consignor Name**: Insert name of company *shipping* product from Connecticut.
- **10. Consignor Address**: Insert address of company *shipping* product from Connecticut.
- **11. Consignee Name:** Insert name of company *receiving* the product and the destination state.
- **12. Consignee Address**: Insert address of actual delivery point of product.
- **13. Receiving terminal TCN**: Insert the Terminal Control Number issued by IRS.

Mail the completed Schedule 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 and Publications: Forms and publications are available anytime by:

- Internet: Preview and download forms and publications from the DRS Web site at www.ct.gov/DRS
- DRS TAX-FAX: Call 860-297-5698 from the handset attached to your fax machine and select from the menu.
- Telephone: Call 860-297-4753 (from anywhere), or 1-800-382-9463 (in-state) and select Option 2 from a touch-tone phone.

TTY, TDD, and Text Telephone users only may transmit inquiries anytime by calling 860-297-4911