Department of Revenue Services Excise Taxes Unit 25 Sigourney Street Hartford CT 06106-5032

Name of Claimant (Type or print)

Form AU-738 Motor Vehicle Fuels Tax Refund Claim

Nutrition Program

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

Audit Number

(Rev. 07/06)

You must check the appropriate fuel type on the right. Refund claims must be filed on or before May 31, 2007, for fuel used during calendar year 2006. Complete this refund claim in blue or black ink only. Period of Claim in Calendar Year 2006

Claim Type ► Nutrition Program

For DRS Use Only

Telephone Number			CT Tax Registrati		Claim Number Vou	cher Number		
			•		D (10 "			
Number a	nd Street	F	EIN		Refund Gallons			
		1	•					
City or To	wn	1.	SSN					
			<u> </u>		Net Refund \$			
State ZIP+4			Due On or Before M	e ay 31, 2007	Reviewed By		Date	
Type of Business Location of Records (if different from above)				ay 01, 2001	Approved By		Date	
Sched	ule A Statement of Motor Vehicle Fuel Purchas	es. Receipts mu	st be attached	d.				
Date	Name of Supplier	Gallons of Fu	Fuel Date Name o		f Supplier		allons of Fuel	
							-	
			Total (Round to the ne			allon.)		
		'				'		
Schedu	C meals to senior citizens.							
	·							
1.	Total fuel callens for period (Enter the test	al number cell	lone of fuel	from Schodula 1)	<u> </u>	2.		
2. Total fuel gallons for period (Enter the total number gallons of fuel from <i>Schedule A</i> .)						3.		
Average miles per gallon (Divide Line 1 by Line 2.) Total miles in delivery vehicles that are used exclusively for the delivery of meals to senior citizens.								
						5.		
 5. Refund gallons (Divide Line 4 by Line 3.) 6. Tax refund claimed (Multiply Line 5 by per gallon. (See refund rate table on reverse side for appropriate rate.)) 							.00	
	t ion : I declare under penalty of law that I have examined th							
true, cor	nplete, and correct. I understand the penalty for willfully del ment for not more than five years, or both. The declaration	livering a false retu	rn or document to other than the ta	to Department of Revenue Se	ervices (DRS) is a fine	of not more	than \$5,000, or	
iaxpayer	olyllatule		; 		Date			
Print Taxpayer Name			phone Number		Date	Date		
Print Preparer Name Preparer's Address Prep					Preparer's SSN or 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 2006 must:

- Be filed with the Department of Revenue Services (DRS) on or before May 31, 2007; 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 2006 for Nutrition Program

Diesel

January 1, 2006 through December 31, 2006 26¢ per Gallon

Motor Vehicle Fuels

January 1, 2006 through December 31, 2006 25¢ per Gallon

Note: You must file a separate **Form AU-738** for each motor vehicle fuel type and each claim 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. If you do not round, DRS will disregard the cents.

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, call the Excise Taxes Unit at **860-541-3224**, Monday through Friday, 8:30 a.m. to 4:30 p.m. Visit the DRS Web site at **www.ct.gov/DRS** to download and print Connecticut tax forms.

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