

Department of Revenue Services State of Connecticut Excise Taxes Unit 450 Columbus Blvd Ste 1 Hartford CT 06103-1837



Form AU-738 Motor Vehicle Fuels Tax Refund Claim

Nutrition Program (Rev. 06/17)

AU738 0617W 01 9999

Refund claims must be filed on or before May 31, 2018, for fuel used during calendar year 2017.

| | DRS use only |
|----------|-----------------|
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| You must check the appropriate fuel type box below. C | complete this | s refund claim in blue or black | ink only. $\overline{\mathbb{M}} \overline{\mathbb{M}} - \overline{\mathbb{D}} \overline{\mathbb{D}} - \overline{\mathbb{Y}} \overline{\mathbb{Y}} \overline{\mathbb{Y}} \overline{\mathbb{Y}}$ | |
|--|---------------|---------------------------------|---|--|
| Period of claim in calendar year through https://doi.org/10.1001/10. | | Type of business | Connecticut tax registration number | |
| Name of claimant (print) | 7 7 7 | | Federal Employer Identification Number | |
| Address (number and street) | | | Social Security Number | |
| City or town | State | ZIP code | Check here if address change. | |
| Location of records if different from above | | , | Telephone number | |
| Fuel type: | | | | |
| Part 1 - Computation of Net Refund | | | | |
| Total miles for period | | | 1. ▶ | |
| 2. Total fuel gallons for period: Enter the total number of fuel gallons from <i>Schedule A</i> . | | | 2. ▶ | |

| 1. | Total miles for period | 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; carry to .0001. | 3. ▶ | | |
| 4. | Total miles in delivery vehicles used exclusively for the delivery of meals to senior citizens | 4. ▶ | | |
| 5. | Refund gallons: Divide Line 4 by Line 3. | 5. ▶ | | |
| 6. | Tax refund claimed: Multiply Line 5 by per gallon. See Refund Rates on Page 3. | 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 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.

| Sign Here | Taxpayer signature | Title | Date (MMDDYYYY) |
|----------------------------------|--------------------------|------------------|------------------------|
| Keep a copy of this return | Print taxpayer name | Telephone number | |
| for your records. | Paid preparer signature | Preparer address | Preparer's SSN or PTIN |
| | Taxpayer's email address | | |



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Connecticut tax registration number



Statement of motor vehicle fuel purchases by month: Receipts must be attached. Attach additional sheet(s) as necessary to provide a complete response.

| Column 1 Month | Column 2 Name of Supplier | Column 3 Gallons of Fuel |
|----------------------------|--|--------------------------|
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| Total: Total of all amount | ts in Column 3. Enter here and on Part 1, Line 2. Round to the nearest whole number. | |

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.

Form AU-738 - Instructions

General Instructions

Complete this form in blue or black ink only.

Your motor vehicle fuels tax refund claim for fuel used during calendar year 2017 must:

- Be filed with Department of Revenue Services (DRS) on or before May 31, 2018; and
- 2. Involve at least 200 gallons of fuel eligible for tax refund.

The appropriate fuel type and claim type box must be marked on the front of this form to process this claim. You must file a separate **Form AU-738**, *Motor Vehicle Fuels Tax Refund Claim*, for each motor vehicle fuel type and claim type.

Provide a telephone number where DRS can contact you.

You must indicate your Connecticut Tax Registration Number, Federal Employer Identification Number (FEIN), or Social Security Number (SSN) in the space provided.

Mail the completed refund application to:

Department of Revenue Services State of Connecticut Excise Taxes Unit 450 Columbus Blvd Ste 1 Hartford CT 06103-1837

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

Part 1 - Instructions

Complete Schedule A before completing Part 1 - Computation of net refund.

Line 6 - Tax refund claimed: Use the table to calculate the proper tax refund rate based on when your purchase was made.

Line 6 only - Rounding off to whole dollars: You must round off cents to the nearest whole dollar on your return and schedules. If you do not round, DRS will disregard the cents. 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

2017 Tax Refund Rates for Nutrition Program Only

January 1, 2017, through December 31, 2017, purchases

You must file a separate Form AU-738 for each fuel type and each claim type in effect between January 1, 2017, and December 31, 2017.

Schedule A - Instructions

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:

- 1. 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;
- 4. Number of gallons of fuel purchased;
- 5. Price per gallon;
- 6. Total amount paid; and
- If payment is made within a discounted period, provide proof of amount paid.

You must keep 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.

Additional Information

If you need additional information or assistance, call the DRS Excise Taxes Unit at **860-541-3224**, Monday through Friday, 8:30 a.m. to 4:30 p.m.

Forms and Publications: Visit the DRS website at **www.ct.gov/DRS** to download and print Connecticut tax forms and publications.