

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

AU741 0617W 01 9999



Form AU-741

Motor Vehicle Fuels Tax Refund Claim

Commuter Vans (Rev. 06/17)

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

DRS use only					
•		-	-		
	M	M - D	D - Y	<u> </u>	Υ
cut tax registration number					
			_		
mnlover Identification Number					

You must c	heck the appropriate fuel type	box below. Complete this	refund claim in blue or b	lack ink only.	M M - D D - Y Y Y Y
Period	of claim in calendar year		Type of business	Connecticu	t tax registration number
-	- through			•	-
	of claimant (print)	// M - D D - Y Y Y Y		Federal Em	ployer Identification Number
•	, , ,			•	, ,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Address	s (number and street)				urity Number
•	(•	,
City or	town	State	ZIP code	Check here	if address change.
•		•			
Locatio	n of records if different from abov	re		Telephone	number
				•	
Fuel type:	▶ Diesel	Motor vehicle fuels (gas	oline-gasohol)		
Claim type	: Commuter vans				
A qualifying	vehicle is a vehicle which meets	s the average daily passenge	er minimum of nine		
Owner or l	essee of vehicle	Vehicl	e registration number	Average	daily passengers (Minimum 9)
				5 " "	
Name of d	river	Emplo	yer of driver	Daily mile	es traveled
Daily route	es traveled (start – finish – towns)				
Daily Toute	s traveled (start – Illiish – towns)				
	Computation of Net Refu				
1. Odome	eter reading at end of a period	for qualifying vehicles		1. ▶	
2. Odometer reading at beginning of a period for qualifying vehicles 2. ▶					
3. Total mileage for a period: Subtract Line 2 from Line 1. 3. ▶					
4. Total gallons of fuel for period for qualifying vehicles 4. ▶					
5. Average miles per gallon: Divide Line 3 by Line 4; carry to .0001. 5. ▶ •					
6. Total C	onnecticut miles to and from	work for this period		6. ▶	
7. Refund	gallons: Divide Line 6 by Line	e 5.		7. ▶	
8. Tax refu	und claimed: Multiply Line 7 b	y per gallon. Se	e Refund Rates on Pag	e 3. 8. ►	.00
belief, it is true	I declare under penalty of law that I has, complete, and correct. I understanhan five years, or both. The declara	d the penalty for willfully deliveri	ng a false return or document	to DRS is a fine of no	and, to the best of my knowledge and t more than \$5,000, or imprisonment h the preparer has any knowledge.
	Taxpayer signature	Title		Date (MMDD)	YYYY)
Sign Here					
Keep a	Print taxpayer name	Telephone nu	mber		
copy of	· ····· tarpajor ramo	Tolophone He			
this return for your					
records.	Paid preparer signature	Preparer add	ress	Preparer's S	SN or PTIN
	Taxpayer's email address				



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Connecticut tax registration number

Schedule A

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
Total: Total of all amount	s in Column 3. Enter here and on Part 1, Line 4. Round to the nearest whole number	or.

Form AU-741 - 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-741**, *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 8 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

Line 8 - Tax refund claimed: Use the table to calculate the proper tax refund rate based on when your purchase was made.

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;

December 31, 2017.

- 2. Name and address of the seller, which must be printed or rubber stamped on the slip or invoice;
- 3. 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.