STATE OF CONNECTICUT DEPARTMENT OF REVENUE SERVICES MOTOR FUEL SECTION 25 SIGOURNEY STREET HARTFORD CT 06106-5032

FORM AU-724b

Motor Vehicle Fuels Tax Refund Claim DIESEL

OFF HIGHWAY, GOVERNMENTAL & SCHOOL BUS USE

(Rev. 11/00)

INSTRUCTIONS

- 1. For additional instructions and information see reverse side.
- 2. Mail original to the Department of Revenue Services at the above address.
- 3. REFUND CLAIMS MUST BE FILED BY MAY 31, 2001, for diesel fuel used during calendar year 2000.

CT Tax Registration Number / Social Security Number					Telephone Number			FOR DEPARTMENT USE	ONLY	Audit Number	
Name of Claimant (Time or print)								Claim Number			
Name of Claimant (Type or print)								Refund Gallons			
Number and Street								Refund Tax \$			
City or Tours								Less Use Tax \$			
City or Town State Z						ZIP+4	Less Use Tax \$				
Type of Business I						 of Records (if differe	nt from above)	Net Refund Tax \$			
Type of Business								Reviewed By Date		Date	
Prior Claim Filed for Period Ending Period of Claim								Approved By		Date	
/ / From					То			Арргоved by		Date	
Sch	nedule A	Date		Name of Supplier		Number of Diesel Gallons	Date	Name of Supplier		Number of Diesel Gallons	
STA	ATEMENT										
DIE	OF SELFUEL										
	RCHASES										
(attach											
re	ceipts)										
		Qty.		Type of Equipment		Gallons	Qty.	Type of Equipment		Gallons	
Schedule B STATEMENT OF NON-TAXABLE USE (Show number of pieces of each type of equipment and number of gallons used in each.)			Backhoes			Gallons		lower Saws - Mowers		Gallons	
			Bulldozers					Power Shovels			
			Carburetor - Engine Tests					rumping Units			
				: - Mixer Units				ail - Baggage Trucks			
		(Compressors					efrigerator Units			
		(Cranes				1	oad Rollers			
		F	Fork Lifts and Hoists				I	Road Scrapers			
			Heating Units					School Buses (See Sch. B Instructions)			
			Loaders					Tow Motors			
			Lighting Units					Unregistered Vehicles (Attach list)			
		Motor Boats - Registration Number(s Government Vehicles (See instruct			'			Well Drilling Units TOTAL (Minimum of 200 gallons)			
					i >						
	1. Ope				ions)			TOTAL (Millimum of 200 gar	10115)		
С		1 0 , 0 ,									
ŏ		2. Purchases - (gallons) (Schedule A)									
М		0 / 1									
PU		3 4 4 7 (5 4 4 7)									
Ť		5. Diesel fuel used (gallons) (Subtract Line 4 from Line 3)									
Α	6. Non	6. Nontaxable use (gallons) (Schedule B)									
T	7. Taxa	7. Taxable use (gallons) (Subtract Line 6 from Line 5)									
0	8. Gros	3. Gross refund (Multiply Line 6 by .18 per gallon)									
N	9. Use	9. Use tax due (See Instructions for Computation of Use Tax on reverse side)								\$	
	10. Net	0. Net refund (Subtract Line 9 from Line 8)								\$	
I declare under the penalty of false statement that I have examined this claim, Form AU-724b, and, to the best of my knowledge and belief, it is true, complete, and correct. (The penalty for false statement is imprisonment not to exceed one year or a fine not to exceed two thousand											
dollars, or both.) Signature						Title	T***				
Sign	ature					Title		Date			
Print Name											

Instructions

Use Form AU-724b to file a motor vehicle fuels tax refund claim for diesel fuel:

- Used by the United States, the State of Connecticut or a municipality of the State of Connecticut;
- Used in a school bus, as defined in §14-275 of the Connecticut General Statutes; or
- c. Used for off highway use.

Your motor vehicle fuels tax refund claim for diesel fuel used during calendar year 2000 must:

- Be filed with the Department of Revenue Services (DRS) on or before May 31, 2001; AND
- Include at least 200 gallons of fuel eligible for tax refund.

Be sure to provide a telephone number where you can be contacted.

You must indicate your Connecticut Tax Registration Number or Social Security Number in the space provided.

For all purchases reported on Line 2, you must attach a copy of each numbered slip or invoice that was 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 diesel fuel being purchased;
- · Price per gallon; and
- Total amount paid.

You must retain records that substantiate your refund claim for at least three years following the filing of the claim and make them available to DRS upon request.

Schedule A Instructions

Indicate the date of purchase, the name of the supplier and number of diesel gallons purchased.

Schedule B Instructions

- 1. Enter the quantity of each type of equipment and the total number of gallons used in each.
- Enter a registration number for all motor boats you list.
- The school bus refund is for school buses, as defined in §14-275 of the Connecticut General Statutes.

Instructions for Computation of Use Tax

Purchases of diesel fuel on which a motor vehicle fuels tax refund claim is allowed are subject to Connecticut use tax at the use tax rate in effect at the time of the purchase. Use tax is calculated on the price paid per gallon less the Connecticut diesel fuel tax rate. You must determine your Connecticut use tax liability on such purchases according to the following steps:

Step 1

Divide the total amount you paid (including all taxes and charges) to purchase the diesel fuel reported on Line 2 of this form by the total gallons reported on Line 2 of this form to compute your AVERAGE PRICE PER GALLON of fuel

Step 2

Subtract the Connecticut diesel fuel tax per gallon (.18) from your AVERAGE PRICE PER GALLON to compute your NET AVERAGE PRICE PER GALLON.

Step 3

Multiply your NET AVERAGE PRICE PER GALLON by the number of gallons entered on Line 6. Multiply that amount by the use tax rate of 6% (.06) to compute your USE TAX DUE. Enter the USE TAX DUE on Line 9.

Note: If you claim exemption from the Connecticut use tax because the fuel was used and consumed directly in manufacturing or commercial fishing, you must send the appropriate exemption certificate with each refund claim filed.

Additional Information

If you need additional information or assistance, please call the Excise/Public Services Taxes Subdivision at **860-541-3225**, Monday through Friday, between the hours of 8:00 a.m. and 5:00 p.m. Forms may also be downloaded from our Web site at: www.drs.state.ct.us

YOUR REFUND WILL BE APPLIED AGAINST ANY OUTSTANDING DRS TAX LIABILITY.