

FORM AU-738a

Motor Vehicle Fuels Tax Refund Claim GASOLINE USED IN NUTRITION PROGRAM

(Rev.06/00)

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 motor vehicle fuel used during calendar year 2000.

CT Tax Registration Number / Social Security Number		Telephone Number ()		FOR DEPARTMENT USE ONLY		Audit Number
Name of Claimant (<i>Type or print</i>)				Claim Number		
Number and Street				Refund Gallons		
City or Town		State	ZIP+4	Refund Tax \$		
Type of Business		Location of Records (<i>if different from above</i>)		Reviewed By		Date
Prior Claim Filed for Period Ending / /	Period of Claim From		To	Approved By		Date

Motor Vehicle Fuel Purchased							
SCHEDULE A STATEMENT OF MOTOR VEHICLE FUEL PURCHASES	Date	Purchased From	Number of Gasoline Gallons	Date	Purchased From	Number of Gasoline Gallons	
Total Number of Gasoline Gallons Purchased							

COMPUTATION	1. Total miles for period		
	2. Total gasoline gallons for period		(Enter the total number of gasoline gallons from Schedule A)
	3. Average miles per gallon (Divide Line 1 by Line 2)		
	4. Total Connecticut miles in delivery vehicles that are used exclusively for the delivery of meals to senior citizens.		
	5. Refund gallons (Divide Line 4 by Line 3)		
	6. Tax refund (Multiply Line 5 by appropriate rate per gallon. See rate table on reverse side.)		\$

I declare under the penalty of false statement that I have examined this claim, **Form AU-738a**, 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	Date
Print Name		

Instructions

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

1. Be filed with the Department of Revenue Services on or before May 31, 2001; **AND**
2. 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 the 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 motor vehicle fuel purchased;
- Price per gallon; and
- Total amount paid.

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.

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 the Department of Revenue Services upon request.

Table of Motor Vehicle Fuels Tax Refund Rates for Gasoline

January 1, 2000	through	June 30, 2000	32¢ per Gallon
July 1, 2000	through		25¢ per Gallon

Note: You must file a Form AU-738a for each motor vehicle fuels tax refund claim for motor vehicle fuel subject to tax at the rate in effect between January 1, 2000, and June 30, 2000, and a Form AU-738a for each motor vehicle fuels tax refund claim for motor vehicle fuel subject to tax at the rate in effect on or after July 1, 2000.

Additional Information

If you need additional information or assistance, please call the Excise/Public Services Taxes Unit 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 DEPARTMENT OF REVENUE SERVICES TAX LIABILITY.