

FORM O-MF3
MOTOR VEHICLE FUELS TAX
Gasohol Tax Return

RETURN FOR MONTH ENDED		
CT TAX REGISTRATION NUMBER		
VERIFIED	OA	FA

TAX TYPE
57
DISTRIBUTOR

Important: Please see instructions on the back of this return.

(Rev. 07/00)

Please correct your name and address if shown incorrectly.

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Check if applicable:
 Final Return (going out of business)
 Amended Return

		Liquid Gallons <i>(Round off to the nearest gallon)</i>	
1	Opening inventory	1	
2	Gallons imported from another state (Schedule MF-3A, Number 2)	2	
3	Gallons purchased from sources within this state (Schedule MF-3A, Number 3)	3	
4	Gasohol produced in Connecticut	4	
5	Direct shipments to customers in this state (Schedule MF-3A, Number 5)	5	
6		6	
7	Total charges (Add Lines 1 through 5)	7	
8	Closing inventory (Include in-transit items)	8	
9	Total gallons to be accounted for (Subtract Line 8 from Line 7)	9	
10	Sales and transfers out of state and sales for export (Schedules MF-3B, Numbers 10 and 10A)	10	
11	Nontaxable sales to licensed distributors (Schedule MF-3B, Number 11)	11	
11A		11A	
12	Sales to U.S. government, State of Connecticut and municipalities (Schedule MF-3B, Number 12)	12	
13	Nontaxable use and other distribution	13	
14	Gain or loss from inventory (Show gain as "G" and deduct)	14	
15	Total nontaxable distribution (Add Lines 10 through 14)	15	
16	Taxable sales	16	
16A	Taxable sales to licensed distributors (Schedule MF-3B, Number 16A)	16A	
17	Taxable use	17	
18	Taxable distribution (Add Lines 16, 16A, and 17)	18	
19	Total gallons accounted for (Add Line 15 and Line 18; the sum must equal Line 9)	19	

Tax Computation		Liquid Gallons		Amount
20	Total taxable distribution (Multiply Line 18 by .24 per gallon)	20		20 \$
21	Tax paid purchases (Schedules MF-3A, Numbers 2, 3, 4, and 5)	21		21 \$
22	Dealer Sales to U. S. government (Schedule MF-3B, Number 22)	22		22 \$
23	Total Deductions (Add Line 21 and Line 22)	23		23 \$
24	Tax Due (Subtract Line 23 from Line 20)	24		24 \$
24A	Credit (Attach DRS credit memo)	24A		24A \$
24B	Net amount due (Subtract Line 24A from Line 24)	24B		24B \$
24C	► Interest _____ Plus ► Penalty _____ =	24C		24C \$
24D	Total amount due (Add Line 24B and Line 24C)	24D		24D \$

FORM O-MF3 INSTRUCTIONS

General Instructions

1. Taxpayers must file a return for each calendar month by the 25th day of the following month. **Example:** The Gasohol Tax Return for January 1 through January 31 must be filed on or before February 25. A return must be filed even if no tax is due.
2. Make check or money order payable to: COMMISSIONER OF REVENUE SERVICES.
3. Mail to:
STATE OF CONNECTICUT
DEPARTMENT OF REVENUE SERVICES
PO BOX 5031
HARTFORD, CT 06102-5031

For Further 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.

You may obtain forms and publications at any hour, seven days a week:

- **Internet:** preview and download forms from the DRS web site: www.drs.state.ct.us
- **DRS TAX-FAX:** call **860-297-5698** from the handset attached to your fax machine and select from the menu;
- **Telephone:** Call **1-800-382-9463** or **1-860-297-5962** and select **Option 2** from a touch-tone phone.

TTY, TDD, and Text Telephone users only may transmit inquiries 24 hours a day, seven days a week by calling **860-297-4911**.

PLEASE NOTE: All sales and purchases must be documented by records that each taxpayer must retain for audit purposes for at least three years. Also, all taxpayers should be aware that they are liable for the motor vehicle fuels tax on **ALL** sales of gasohol because such products are considered to have been **SOLD AND TAXED** when delivered or transferred to a retail or consumer location within Connecticut intended for sale or use. This applies whether use of such product is for on-highway or off-highway purposes.

I declare under the penalty of false statement that I have examined this return, **Form O-MF3**, 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:* _____

Phone No.: _____ *Date:* _____