

# Form AU-741a

## Motor Vehicle Fuels Tax Refund Claim Gasoline — Commuter Vans

### Instructions

(Rev. 07/01)

1. For additional instructions and information see reverse side.
2. Mail original to the Department of Revenue Services (DRS) at the above address.
3. **Refund claims must be filed by May 31, 2002**, for gasoline used during calendar year 2001.

CT Tax Registration Number / Social Security Number		Telephone Number (    )		<b>FOR DRS USE ONLY</b>		Audit Number
Name of Claimant (Type or print)				Claim Number		
Number and Street				Refund Gallons		
City or Town		State	ZIP+4	Refund Tax    \$		
Type of Business		Location of Records (if different from above)		Reviewed By		Date
Prior Claim Filed for Period Ending / /	Period of Claim From		To	Approved By		Date
Owner or Lessee of Vehicle			Vehicle Registration Number		Average Daily Passengers (Min. 9)	
Name of Driver			Employer of Driver			
Daily Routes Traveled (Start – Finish – Towns)			Daily Miles Traveled			

### Gasoline Purchased

SCHEDULE A	Date	Purchased From	Number of Gasoline Gallons	Date	Purchased From	Number of Gasoline Gallons
<b>Total Number of Gasoline Gallons Purchased</b>						

<b>SCHEDULE B</b>	Odometer reading at end of period		
	Odometer reading at start of period		
	Total mileage for period		

<b>COMPUTATION</b>	1. Total miles for period (Schedule B)		
	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 miles to and from work for period		
	5. Refund gallons (Divide Line 4 by Line 3)		
	6. Tax refund (Multiply Line 5 by 25¢ (.25) per gallon)		\$

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 that the penalty for willfully delivering a false return to DRS is a fine of not more than \$5,000, or imprisonment for not more than 5 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.

Signature	Title	Date
Print Name		

# Instructions

Your motor vehicle fuels tax refund claim for gasoline used during calendar year 2001 must:

1. Be filed with DRS on or before May 31, 2002;  
**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 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 gasoline 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.

## 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](http://www.drs.state.ct.us)**

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