Department of Revenue Services State of Connecticut Excise Taxes Unit 25 Sigourney Street Hartford CT 06106-5032 (Rev. 09/04)

Paid Preparer Signature

Print Preparer Name

Form AU-725 Motor Vehicle Fuels Tax Refund Claim

Farm Use
You must check the appropriate fuel type box on the right. Refund claims must be filed on or before

Fuel Type	
▶□Diesel	► ☐ Motor Vehicle Fuels (Gasoline - Gasohol)

Claim Type

Is there a copy
of Farmers Exemption
attached
□ Yes □ No

Preparer's SSN or PTIN

	- /		Mav	/ 31. 2	<u>2005, for fuel used</u>	during	calendar vear 2	004				C3 110	
lame of (Claimant (Type or pr	int)	······	<u> </u>	. 	uuiiig	<u> </u>	00 11	Period o	f Claim in Ca	lenda	r Year 200	4
elephone	Number									/ through Registration N			
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lumber a	nd Street								FEIN				
									>				
City or To	wn								SSN				
State ZIP+4							Due on or before						
							May 31, 2005						
ype of B	susiness				Location of Records (i	f different	from above)		DRS us	e only			
No. of St	orage Tanks	Meters			otal Capacity of Acres Under Cultivation			ation	Ту	pe of Farmir	ng		
		☐ Yes ☐ No	1	Stora	ge Tanks								
Sched	ule A Stateme	nt of Motor Veh	icle Fuel F	Purchas	ses. Receipts must b	e attach	ed.						
Date	Nar			Gallons of Fuel	Date Name		ame of S	Supplier		Gallons of	Fuel		
								Total (F	Round to the r	nearest whole g	allon.)		
Sched	ule B List and Id	dentify All Commerc	ially Register	ed Vehic	cles Owned or Operated	(No refund	d for fuel used in thes	e vehicles	s.) Attach a	additional she	ets, i	f necessary.	
Make		Year	Туре		Motor Vehicle Reg. #	Make		Yea	ar	Туре		Motor Vehicle	e Reg. #
Make		Year	Туре		Motor Vehicle Reg. #	Make		Yea	ar	Туре		Motor Vehicle	∍ Reg. #
ist and I	dentify All Farm Red	nistered Vehicles	nd Farm Im	nlemen	its for Which Refund is	Claimed	Attach additional sh	eets if n	ecessary				
	•	giotorod vornoloo t		ipiomon	no for Which Roland to	Make ar							
Make and Type					water and Type								
Make an	d Type					Make ar	nd Type						
Sched	ule C Computa	ation of net ref	und.										
1.	Opening invent	tory	Enter t	he gal	allons of fuel in inventory at beginning of claim period				I	>	1.		
2.	Purchases Enter the total from Schedule A								•	2.			
3.	Total gallons available Add Line 1 and Line 2									•	3.		
4.	Closing inventory Enter the gallons of fuel in inventory at end of claim period						od		•	4.			
5.	Total gallons used Subtract Line 4 from Line 3								•	5.			
6.	Nontaxable use Enter the gallons of fuel for Farm Use Only								•	6.			
7.	Taxable use		Subtract Line 6 from Line 5								7.		
8.	Gross refund		Multiply Line 6 by appropriate rate per gallon (See rate table on rev						rse side)	•	8.	\$	
9.	Total amount pa		Enter total amount paid for gallons reported on Schedule A						<u> </u>	9.	\$		
10.		price per gallon Divide Line 9 by Line 2							<u> </u>	10.	\$		
11.	Connecticut m	otor vehicle fue	fuels tax rate (See rate table on reverse side)								11.	\$	·
12.	Net average pr			Subtract Line 11 from Line 10							12.	\$	
13.	Amount subject	et to use tax	Multiply Line 12 by Line 6							<u> </u>	13.	\$	
14.	Use tax due			•	13 by 6% (.06)						14.	\$.00
15.	Net refund	low that I bearing			e 14 from Line 8	mnon	a aabadulaa ee dii t	otom = -	-1 cod (c	the best of	15.	\$.00
it is true	e, complete, and c	orrect. I understa	ind the pen	alty for	rn (including any acco · willfully delivering a fa	alse retui	n to DRS is a fine	of not m	ore than S	\$5,000, or in	npriso	onment for no	t more
	re years, or both. Signature	The declaration	of a paid p	repare	r other than the taxpa	ayer is ba	ased on all informa	ation of	which the	preparer ha	as ar	ıy knowledge.	
axpayer	Signature				Title					Date			

Telephone Number

Preparer's Address

Instructions

Your motor vehicle fuels tax refund claim for fuel used during calendar year 2004 must:

- Be filed with Department of Revenue Services (DRS) on or before May 31, 2005; and
- Involve at least 200 gallons of fuel eligible for tax refund.

The appropriate fuel type must be marked on the front of this form in order to process this claim. You must file a separate Form AU-725 for each motor vehicle fuel type.

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 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 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 fuel purchased;
- Price per gallon;
- Total amount paid; and
- If payment is made within a discounted period, provide proof of amount paid.

You must retain 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.

Table of Motor Vehicle Fuels Tax Refund Rates for 2004 for Farm Use

Diesel January 1, 2004 through December 31, 2004 26¢ per Gallon

Motor Vehicle Fuels

January 1, 2004 through December 31, 2004 25¢ per Gallon

Note: You must file a separate Form AU-725 for each motor vehicle fuel type.

Rounding Off to Whole Dollars: You must round off cents to the nearest whole dollar on your motor vehicle fuels tax refund claim. 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. However, if you need to add two or more amounts to compute the total to enter on a line, include cents and round off only the total.

Example: Add two amounts (\$1.29 + \$3.21) to compute the total (\$4.50) to enter on a line. \$4.50 is rounded to \$5.00 and entered on the line.

You must include a copy of your current Form OR-248, Farmer Tax Exemption Permit. Failure to do so will result in your refund claim being reduced by your Connecticut business use tax liability.

Mail the completed refund application to:
Department of Revenue Services
State of Connecticut
Excise Taxes Unit
25 Sigourney Street
Hartford CT 06106-5032

Additional Information

If you need additional information or assistance, please call the Excise Taxes Unit at **860-541-3224**, Monday through Friday, 8:00 a.m. to 5:00 p.m. Forms may be downloaded from our Web site at **www.ct.gov/DRS**

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