

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

Form AU-738

Motor Vehicle Fuels Tax Refund Claim

Nutrition Program

You must check the appropriate fuel type box on the right.
 Refund claims must be filed on or before May 31, 2005, for
 fuel used during calendar year 2004.

Fuel Type <input checked="checked" type="checkbox"/> Diesel <input type="checkbox"/> Motor Vehicle Fuels (Gasoline - Gasohol)	
Claim Type <input checked="checked" type="checkbox"/> Nutrition Program	
Period of Claim in Calendar Year <input checked="checked" type="checkbox"/> ____/____ through ____/____ 2004	
CT Tax Registration Number <input type="checkbox"/>	
FEIN <input type="checkbox"/>	
SSN <input type="checkbox"/>	
Due on or before May 31, 2005	
DRS use only	

Name of Claimant (Type or print)	
Telephone Number ()	
Number and Street	
City or Town	
State	ZIP+4
Type of Business	Location of Records (if different from above)

Schedule A Statement of Motor Vehicle Fuel Purchases. Receipts must be attached.

Date	Name of Supplier	Gallons of Fuel	Date	Name of Supplier	Gallons of Fuel
Total (Round to the nearest whole gallon.)					

Schedule B Computation of net refund.

1.	Total miles for period	▶	1.	
2.	Total fuel gallons for period (Enter the total number of fuel gallons from Schedule A)	▶	2.	
3.	Average miles per gallon (Divide Line 1 by Line 2)	▶	3.	
4.	Total miles in delivery vehicles that are used exclusively for the delivery of meals to senior citizens	▶	4.	
5.	Refund gallons (Divide Line 4 by Line 3)	▶	5.	
6.	Tax refund claimed (Multiply Line 5 by ____ per gallon. (See refund rate table on reverse side for appropriate rate)	▶	6.	\$.00

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 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 five 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.

Taxpayer Signature	Title	Date
Paid Preparer Signature	Telephone Number	Date
Print Preparer Name	Preparer's Address	Preparer's SSN or PTIN

Instructions

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

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

The appropriate fuel type box must be marked on the front of this form in order to process this claim. You must file a separate Form AU-738 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

Table of Motor Vehicle Fuels Tax Refund Rates for 2004 for Nutrition Program

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-738 for each motor vehicle fuel type.

available to DRS upon request.

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 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.

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.