

# Form AU-741

## Motor Vehicle Fuels Tax Refund Claim

### Commuter Vans

(Rev. 07/06)

**You must check the appropriate fuel type box on the right. Refund claims must be filed on or before May 31, 2007, for fuel used during calendar year 2006. Complete this refund claim in blue or black ink only.**

Fuel Type <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Motor Vehicle Fuels (Gasoline - Gasohol)	
Claim Type <input checked="" type="checkbox"/> Commuter Vans	
<b>For DRS Use Only</b>	Audit Number
Claim Number	Voucher Number
Refund Gallons	
Refund	\$
Reviewed By	Date
Approved By	Date

Name of Claimant ( <i>Print</i> )	Period of Claim in Calendar Year <input checked="" type="checkbox"/> 2006 <input type="checkbox"/> ____/____ through ____/____
Telephone Number (    )	CT Tax Registration Number ▶
Number and Street	FEIN ▶
City or Town	SSN ▶
State                                  ZIP+4	Due On or Before <b>May 31, 2007</b>
Type of Business                          Location of Records ( <i>if different from above</i> )	

Owner or Lessee of Vehicle	Vehicle Registration Number	Average Daily Passengers ( <i>Min. 9</i> ) ▶
Name of Driver	Employer of Driver	
Daily Routes Traveled ( <i>Start - Finish - Towns</i> )	Daily Miles Traveled	

**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
<b>Total</b> (Round to the nearest whole gallon.)					

**Schedule B** Odometer readings at the beginning and the end of period.

1. Odometer reading at end of a period.	▶	1.	
2. Odometer reading at beginning of a period.	▶	2.	
3. Total mileage for a period.	▶	3.	

**Schedule C** Computation of net refund.

1. Total miles for period (Enter the total from <i>Schedule B</i> , Line 3.)	▶	1.	
2. Total fuel gallons for period (Enter the total number gallons of fuel from <i>Schedule A</i> .)	▶	2.	
3. Average miles per gallon (Divide Line 1 by Line 2.)	▶	3.	
4. Total miles to and from work for this period	▶	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

**Declaration:** 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 or document to the Department of Revenue Services (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
Print Taxpayer Name	Telephone Number	Date
Print Preparer Name	Preparer's Address	Preparer's SSN or PTIN

## Instructions

You **must** use black or blue ink to complete your return.

Your motor vehicle fuels tax refund claim for fuel used during calendar year 2006 must:

1. Be filed with the Department of Revenue Services (DRS) on or before May 31, 2007; **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-741, Motor Vehicles Fuels Tax Refund**, 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, Federal Employer Identification Number (FEIN), or Social Security Number (SSN) 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 2006 for Commuter Vans

#### Diesel

January 1, 2006 through December 31, 2006 26¢ per Gallon

#### Motor Vehicle Fuels

January 1, 2006 through December 31, 2006 25¢ per Gallon

Note: You must file a separate Form AU-741 for each motor vehicle fuel type.

**For Line 6 Only - 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.

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

### Additional Information

If you need additional information or assistance, call the Excise Taxes Unit at **860-541-3224**, Monday through Friday, 8:30 a.m. to 4:30 p.m. Visit the DRS Web site at [www.ct.gov/DRS](http://www.ct.gov/DRS) to download and print Connecticut tax forms.

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