

Department of Revenue Services  
 Excise Taxes Unit  
 25 Sigourney Street  
 Hartford CT 06106-5032  
 (Rev. 07/07)

# Form AU-737

## Motor Vehicle Fuels Tax Refund Claim

### Airport Service Motor Bus

|  |  |
|--|--|
| Received by DRS                              |  |
| Period of Claim in Calendar Year <b>2007</b> | ____/____ through ____/____  |
| Connecticut Tax Registration Number          |  |
| FEIN   |  |
| SSN  |  |
| <b>Fuel Type:</b>                            | <input type="checkbox"/> Diesel<br><input type="checkbox"/> Motor Vehicle Fuels (Gasoline-Gasohol) |
| <b>Claim Type:</b>                           | <input type="checkbox"/> Airport Service (Motor Bus)   |

**You must check the appropriate fuel type box at right. Refund claims must be filed on or before May 31, 2008, for fuel used during calendar year 2007. Complete this refund claim in blue or black ink only.**

|                          |   |
|--------------------------|---|
| Name of Claimant (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. Attach additional sheet(s) as necessary to provide a complete response.

| Date  | Name of Supplier | Gallons of Fuel | Date | Name of Supplier | Gallons of Fuel |
|---|------------------|-----------------|------|------------------|-----------------|
|   |                  |                 |      |                  |                 |
|   |                  |                 |      |                  |                 |
|   |                  |                 |      |                  |                 |
|   |                  |                 |      |                  |                 |
|   |                  |                 |      |                  |                 |
| <b>Total</b> Round to the nearest whole gallon. |                  |                 |      |                  |                 |

**Motor bus** companies must attach a copy of their certificate of public convenience and necessity issued under Chapter 244 of the Connecticut General Statutes with each claim filed.

**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 <i>Schedule A</i> . | ▶ | 2. |        |
| 3. | Average miles per gallon: Divide Line 1 by Line 2 - carry to .0001.                            | ▶ | 3. |        |
| 4. | Total Connecticut miles used for transportation of passengers to or from airport facilities    | ▶ | 4. |        |
| 5. | Refund gallons: Divide Line 4 by Line 3.   | ▶ | 5. |        |
| 6. | Tax refund claimed: Multiply Line 5 by _____ per gallon. See <i>Refund Rates</i> on reverse.   | ▶ | 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 ( )   | Email Address |
| Print Preparer Name | Preparer's SSN or PTIN | Email Address |

## Instructions

Your motor vehicle fuels tax refund claim for fuel used during calendar year 2007 must:

1. Be filed with DRS on or before May 31, 2008; **and**
2. 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-737, Motor Vehicle Fuels Tax Refund Claim**, for each motor vehicle fuel type and claim type.

Provide a telephone number where DRS can contact you.

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:

- 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.

**Line 6 - Gross refund:** Use this table to calculate the proper tax refund rate based on when your purchase was made.

### 2007 Tax Refund Rates for Airport Service Motor Bus Only

January 1, 2007, through June 30, 2007, Purchases

**Diesel** ..... 26¢ per Gallon

**Motor Vehicle Fuels** ..... 25¢ per Gallon

July 1, 2007, through December 31, 2007, Purchases

**Diesel** ..... 37¢ per Gallon

**Motor Vehicle Fuels** ..... 25¢ per Gallon

You must file a separate Form AU-737 for each fuel type and each claim type in effect between January 1, 2007, and June 30, 2007. You must also file a separate Form AU-737 for each fuel type and each claim type in effect between July 1, 2007, and December 31, 2007.

**Motor bus companies must attach a copy of their certificate of public convenience and necessity issued under Chapter 244 of the Connecticut General Statutes with each claim filed.**

**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. If you do not round, DRS will disregard the cents.

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 website at **www.ct.gov/DRS** to download and print Connecticut tax forms.

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