

Department of Revenue Services
 State of Connecticut
 Excise Taxes Unit
 25 Sigourney St Ste 2
 Hartford CT 06106-5032
 (Rev. 07/10)

Form AU-737

Motor Vehicle Fuels Tax Refund Claim

Airport Service Motor Bus

| | |
|---|-------------|
| Received by Department of Revenue Services (DRS) ▶ | |
| Period of claim in calendar year | 2010 |
| ▶ <u> </u> / <u> </u> / <u> </u> through <u> </u> / <u> </u> / <u> </u> | |
| Connecticut Tax Registration Number ▶ | |
| Federal Employer Identification Number (FEIN) ▶ | |
| Social Security Number (SSN) ▶ | |
| Fuel type: ▶ <input type="checkbox"/> Diesel ▶ <input type="checkbox"/> Motor vehicle fuels (gasoline-gasohol) | |
| Claim type: ▶ <input type="checkbox"/> Airport service (motor bus) | |

Refund claims must be filed on or before May 31, 2011, for fuel used during calendar year 2010. You must check the appropriate fuel type box at right. Complete this refund claim in blue or black ink only.

| | |
|------------------------------|---|
| Print name of claimant ▶ | |
| Telephone number ▶ () | |
| Number and street ▶ | |
| City or town ▶ | |
| State | ZIP code |
| ▶ | |
| 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 |
|--|------------------|-----------------|------|------------------|-----------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total: 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 DRS is a fine of not more than \$5,000, 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's name | Telephone number () | Email address |
| Print preparer's name | Preparer's SSN or PTIN | Email address |

Form AU-737 Instructions

General Instructions

Your motor vehicle fuels tax refund claim for fuel used during calendar year 2010 must:

1. Be filed with DRS on or before May 31, 2011; **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 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, FEIN, or SSN in the space provided.

Schedule A Instructions

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:

1. Date of purchase;
2. Name and address of the seller which must be printed or rubber stamped on the slip or invoice;
3. Name and address of the purchaser which must be the name and address of the person or entity filing the claim for refund;
4. Number of gallons of fuel purchased;
5. Price per gallon; **and**
6. Total 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.

Schedule B Instructions

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

2010 Tax Refund Rates for Airport Service Motor Bus Only

January 1, 2010, through June 30, 2010, purchases

Diesel45.1¢ per gallon

Motor vehicle fuels25¢ per gallon

July 1, 2010, through December 31, 2010, purchases

Diesel39.6¢ per gallon

Motor vehicle fuels25¢ per gallon

You must file a separate Form AU-737 for each fuel type and each claim type in effect between January 1, 2010, and June 30, 2010. You must also file a separate Form AU-737 for each fuel type and each claim type in effect between July 1, 2010, and December 31, 2010.

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

Additional Information

Mail the completed refund application to:

Department of Revenue Services
State of Connecticut
Excise Taxes Unit
25 Sigourney St Ste 2
Hartford CT 06106-5032

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.