

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

Form AU-741

Motor Vehicle Fuels Tax Refund Claim

Commuter Vans

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"/> Commuter vans	

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

Owner or lessee of vehicle	Vehicle registration number	Average daily passengers (Minimum 9) ▶
Name of driver	Employer of driver	
Daily routes traveled (start – finish – towns)	Daily miles traveled	

Schedule A - Statement of motor vehicle fuel purchases: Receipts must be attached. Attach additional sheet(s) as necessary to provide a complete response.

A **qualifying vehicle** is a vehicle which meets the average daily passenger minimum of nine.

Date	Name of Supplier	Gallons of Fuel	Date	Name of Supplier	Gallons of Fuel
Total: 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 for qualifying vehicles	▶	1.	
2.	Odometer reading at beginning of a period for qualifying vehicles	▶	2.	
3.	Total mileage for a period: Subtract Line 2 from Line 1.	▶	3.	

Schedule C - Computation of net refund

1.	Total miles for period: Enter amount from <i>Schedule B</i> , Line 3.	▶	1.	
2.	Total gallons of fuel for period for qualifying vehicles	▶	2.	
3.	Average miles per gallon: Divide Line 1 by Line 2; carry to .0001.	▶	3.	
4.	Total Connecticut 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 <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-741 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;
2. Involve at least 200 gallons of fuel eligible for tax refund;
3. The fuel is used in a high-occupancy commuter vehicle on roads in this state;
4. The vehicle is owned or leased by a corporation or an employee of a corporation of the United States, the state of Connecticut, or a municipality of the state of Connecticut; **and**
5. The high-occupancy commuter vehicle seats at least ten but not more than 15 passengers and has a minimum average daily usage of nine persons and is transporting the passengers to and from work daily.

The appropriate fuel type box must be marked on the front of this form to process this claim. You must file a separate **Form AU-741, Motor Vehicles Fuels Tax Refund**, for each motor vehicle fuel 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 the:

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 Commuter Vans Only	
January 1, 2010, through June 30, 2010, purchases	
Diesel	45.1¢ per gallon
Motor vehicle fuels	25¢ per gallon
July 1, 2010, through December 31, 2010, purchases	
Diesel	39.6¢ per gallon
Motor vehicle fuels	25¢ per gallon

You must file a separate Form AU-741 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-741 for each fuel type and each claim type in effect between July 1, 2010, and December 31, 2010.

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.