

**CONNECTICUT MOTOR CARRIER ROAD TAX RETURN**

STATE OF CONNECTICUT  
DEPARTMENT OF REVENUE SERVICES  
PO Box 5018, Hartford CT 06102-5018

FOR PERIOD ENDED

CT TAX REGISTRATION NUMBER

		ALL OTHER VEHICLES (a)	DIESEL VEHICLES (b)			MOTOR VEHICLE FUEL \$ .25 (a)	DIESEL \$ .18 (b)
MILES TRAVELED IN OPERATIONS	1. EVERYWHERE ▶			7. TAX DUE ON FUEL USED IN CT ( $\frac{\text{LINE } 5a \times \$ .25}{\text{LINE } 5b \times \$ .18}$ ) ▶			
	2. IN CT ▶			8. TAX PAID ON FUEL PURCHASES ( $\frac{\text{LINE } 6a \times \$ .25}{\text{LINE } 6b \times \$ .18}$ ) ▶			
3. RATIO ( $\frac{\text{DIVIDE LINE 2 BY LINE 1}}{\text{CARRY TO NEAREST .0001}}$ )				9. TOTAL TAX DUE (ADD LINE 7a and Line 7b) ▶			
FUEL USED IN OPERATIONS	4. EVERYWHERE ▶			10. TOTAL TAX PAID (ADD LINE 8a and Line 8b) ▶			
	5. IN CT (LINE 3 x LINE 4)			11. TOTAL CREDIT ACCRUED THIS QUARTER (SUBTRACT LINE 9 FROM LINE 10) ▶			
6. FUEL PURCHASED IN CT ▶				12. TOTAL ADDITIONAL TAX DUE THIS QUARTER (SUBTRACT LINE 10 FROM LINE 9) ▶			
				13. CREDIT ACCRUED FROM PRIOR QUARTERS ▶			
				14. A. PENALTY ▶			
				B. INTEREST ▶			
				15. TOTAL AMOUNT DUE ( $\frac{\text{SUBTRACT LINE 13 FROM LINE 12}}{\text{PLUS LINES 14A AND 14B}}$ ) ▶			

IF ADDRESS AT RIGHT IS NOT CORRECT, PLEASE MAKE NECESSARY CORRECTIONS

(ALL FUEL QUANTITIES MEASURED IN U.S. GALLONS)

**OMC-11A (Rev. 7/00)**

Check here if this is a: Amended Return <input type="checkbox"/> Final Return <input type="checkbox"/> <span style="border-bottom: 1px solid black; display: inline-block; width: 50px;"></span> <small>(enter last business day)</small>	ENTER FEIN OR SOCIAL SECURITY NO.
---	-----------------------------------

**CONNECTICUT MOTOR CARRIER ROAD TAX RETURN**

STATE OF CONNECTICUT  
DEPARTMENT OF REVENUE SERVICES  
PO Box 5018, Hartford CT 06102-5018

FOR PERIOD ENDED

CT TAX REGISTRATION NUMBER

		ALL OTHER VEHICLES (a)	DIESEL VEHICLES (b)			MOTOR VEHICLE FUEL \$ .25 (a)	DIESEL \$ .18 (b)
MILES TRAVELED IN OPERATIONS	1. EVERYWHERE ▶			7. TAX DUE ON FUEL USED IN CT ( $\frac{\text{LINE } 5a \times \$ .25}{\text{LINE } 5b \times \$ .18}$ ) ▶			
	2. IN CT ▶			8. TAX PAID ON FUEL PURCHASES ( $\frac{\text{LINE } 6a \times \$ .25}{\text{LINE } 6b \times \$ .18}$ ) ▶			
3. RATIO ( $\frac{\text{DIVIDE LINE 2 BY LINE 1}}{\text{CARRY TO NEAREST .0001}}$ )				9. TOTAL TAX DUE (ADD LINE 7a and Line 7b) ▶			
FUEL USED IN OPERATIONS	4. EVERYWHERE ▶			10. TOTAL TAX PAID (ADD LINE 8a and Line 8b) ▶			
	5. IN CT (LINE 3 x LINE 4)			11. TOTAL CREDIT ACCRUED THIS QUARTER (SUBTRACT LINE 9 FROM LINE 10) ▶			
6. FUEL PURCHASED IN CT ▶				12. TOTAL ADDITIONAL TAX DUE THIS QUARTER (SUBTRACT LINE 10 FROM LINE 9) ▶			
				13. CREDIT ACCRUED FROM PRIOR QUARTERS ▶			
				14. A. PENALTY ▶			
				B. INTEREST ▶			
				15. TOTAL AMOUNT DUE ( $\frac{\text{SUBTRACT LINE 13 FROM LINE 12}}{\text{PLUS LINES 14A AND 14B}}$ ) ▶			

IF ADDRESS AT RIGHT IS NOT CORRECT, PLEASE MAKE NECESSARY CORRECTIONS

(ALL FUEL QUANTITIES MEASURED IN U.S. GALLONS)

**OMC-11A (Rev. 7/00)**

Check here if this is a: Amended Return <input type="checkbox"/> Final Return <input type="checkbox"/> <span style="border-bottom: 1px solid black; display: inline-block; width: 50px;"></span> <small>(enter last business day)</small>	ENTER FEIN OR SOCIAL SECURITY NO.
---	-----------------------------------

**CONNECTICUT MOTOR CARRIER ROAD TAX RETURN**

STATE OF CONNECTICUT  
DEPARTMENT OF REVENUE SERVICES  
PO Box 5018, Hartford CT 06102-5018

FOR PERIOD ENDED

CT TAX REGISTRATION NUMBER

		ALL OTHER VEHICLES (a)	DIESEL VEHICLES (b)			MOTOR VEHICLE FUEL \$ .25 (a)	DIESEL \$ .18 (b)
MILES TRAVELED IN OPERATIONS	1. EVERYWHERE ▶			7. TAX DUE ON FUEL USED IN CT ( $\frac{\text{LINE } 5a \times \$ .25}{\text{LINE } 5b \times \$ .18}$ ) ▶			
	2. IN CT ▶			8. TAX PAID ON FUEL PURCHASES ( $\frac{\text{LINE } 6a \times \$ .25}{\text{LINE } 6b \times \$ .18}$ ) ▶			
3. RATIO ( $\frac{\text{DIVIDE LINE 2 BY LINE 1}}{\text{CARRY TO NEAREST .0001}}$ )				9. TOTAL TAX DUE (ADD LINE 7a and Line 7b) ▶			
FUEL USED IN OPERATIONS	4. EVERYWHERE ▶			10. TOTAL TAX PAID (ADD LINE 8a and Line 8b) ▶			
	5. IN CT (LINE 3 x LINE 4)			11. TOTAL CREDIT ACCRUED THIS QUARTER (SUBTRACT LINE 9 FROM LINE 10) ▶			
6. FUEL PURCHASED IN CT ▶				12. TOTAL ADDITIONAL TAX DUE THIS QUARTER (SUBTRACT LINE 10 FROM LINE 9) ▶			
				13. CREDIT ACCRUED FROM PRIOR QUARTERS ▶			
				14. A. PENALTY ▶			
				B. INTEREST ▶			
				15. TOTAL AMOUNT DUE ( $\frac{\text{SUBTRACT LINE 13 FROM LINE 12}}{\text{PLUS LINES 14A AND 14B}}$ ) ▶			

IF ADDRESS AT RIGHT IS NOT CORRECT, PLEASE MAKE NECESSARY CORRECTIONS

(ALL FUEL QUANTITIES MEASURED IN U.S. GALLONS)

**OMC-11A (Rev. 7/00)**

Check here if this is a: Amended Return <input type="checkbox"/> Final Return <input type="checkbox"/> <span style="border-bottom: 1px solid black; display: inline-block; width: 50px;"></span> <small>(enter last business day)</small>	ENTER FEIN OR SOCIAL SECURITY NO.
---	-----------------------------------

Make check or money order payable to: Commissioner of Revenue Services.

**PENALTY:** Failure to file or pay tax when due: \$50 or 10% (.10) of the tax due, whichever is greater.

**INTEREST:** For late payment: 1% (.01) of the tax due per month, or fraction thereof, from due date.

**DUE DATE:** One month after end of period indicated.

A return must be filed by each registered carrier, even when no tax is due.

---

**IMPORTANT!**  
**FAILURE TO COMPLETE LINES 1, 2, 4, AND 6 MAY  
RESULT IN A BILLING OR DELAY IN CREDIT TO  
YOUR ACCOUNT**

---

*CREDITS ARE NOT AUTOMATIC REFUNDS.  
SEE GENERAL INFORMATION  
SECTION OF INSTRUCTION SHEET, OMC-11AT.*

**OMC-11A** (Back) (Rev. 07/00)

I declare under the penalty of false statement that I have examined this return, **Form OMC-11A**, and, to the best of my knowledge and belief it is true, complete, and correct. (The penalty for false statement is imprisonment not to exceed one year or a fine not to exceed two thousand dollars, or both.)

TAXPAYER SIGNATURE	
DATE	TITLE

Make check or money order payable to: Commissioner of Revenue Services.

**PENALTY:** Failure to file or pay tax when due: \$50 or 10% (.10) of the tax due, whichever is greater.

**INTEREST:** For late payment: 1% (.01) of the tax due per month, or fraction thereof, from due date.

**DUE DATE:** One month after end of period indicated.

A return must be filed by each registered carrier, even when no tax is due.

---

**IMPORTANT!**  
**FAILURE TO COMPLETE LINES 1, 2, 4, AND 6 MAY  
RESULT IN A BILLING OR DELAY IN CREDIT TO  
YOUR ACCOUNT**

---

*CREDITS ARE NOT AUTOMATIC REFUNDS.  
SEE GENERAL INFORMATION  
SECTION OF INSTRUCTION SHEET, OMC-11AT.*

**OMC-11A** (Back) (Rev. 07/00)

I declare under the penalty of false statement that I have examined this return, **Form OMC-11A**, and, to the best of my knowledge and belief it is true, complete, and correct. (The penalty for false statement is imprisonment not to exceed one year or a fine not to exceed two thousand dollars, or both.)

TAXPAYER SIGNATURE	
DATE	TITLE

Make check or money order payable to: Commissioner of Revenue Services.

**PENALTY:** Failure to file or pay tax when due: \$50 or 10% (.10) of the tax due, whichever is greater.

**INTEREST:** For late payment: 1% (.01) of the tax due per month, or fraction thereof, from due date.

**DUE DATE:** One month after end of period indicated.

A return must be filed by each registered carrier, even when no tax is due.

---

**IMPORTANT!**  
**FAILURE TO COMPLETE LINES 1, 2, 4, AND 6 MAY  
RESULT IN A BILLING OR DELAY IN CREDIT TO  
YOUR ACCOUNT**

---

*CREDITS ARE NOT AUTOMATIC REFUNDS.  
SEE GENERAL INFORMATION  
SECTION OF INSTRUCTION SHEET, OMC-11AT.*

**OMC-11A** (Back) (Rev. 07/00)

I declare under the penalty of false statement that I have examined this return, **Form OMC-11A**, and, to the best of my knowledge and belief it is true, complete, and correct. (The penalty for false statement is imprisonment not to exceed one year or a fine not to exceed two thousand dollars, or both.)

TAXPAYER SIGNATURE	
DATE	TITLE