

Form AU-736a
Motor Vehicle Fuels Tax Refund Claim
Gasoline — Motor Bus/Taxicab

Instructions

(Rev. 07/01)

1. For additional instructions and information see reverse side.
2. Mail original to the Department of Revenue Services (DRS) at the above address.
3. **Refund claims must be filed by May 31, 2002**, for gasoline used during calendar year 2001.

CT Tax Registration Number / Social Security Number		Telephone Number ()		FOR DRS USE ONLY		Audit Number		
Name of Claimant <i>(Type or print)</i>				Claim Number				
Number and Street				Refund Gallons				
City or Town			State	ZIP+4	Refund Tax \$			
Type of Business			Location of Records <i>(if different from above)</i>		Reviewed By		Date	
Prior Claim Filed for Period Ending / /		Period of Claim From		To		Approved By		Date

Gasoline Purchased

Date	Purchased From	Number of Gasoline Gallons	Date	Purchased From	Number of Gasoline Gallons
Total Number of Gasoline Gallons Purchased					

C O M P U T A T I O N	M I L E S T R A V E L E D	1. Total operating miles (Includes total miles traveled in and out of Connecticut by motor buses or taxicabs owned, leased, or borrowed, including charters)		
		2. Out-of-state mileage		
		3. Total - miles operated on Connecticut roads (Subtract Line 2 from Line 1)		
		4. Percent of miles traveled on Connecticut roads (Divide Line 3 by Line 1 - carry to .0001)		
	G A S O L I N E U S E D	5. Total gallons of gasoline used (Include actual gallons of gasoline used for all purposes)		
		6. Gasoline used other than in operation of motor buses or taxicabs (Includes gasoline used for cleaning, operation of non-highway equipment, and motor vehicles other than motor buses or taxicabs)		
		7. Net operating gallons used exclusively in motor buses or taxicabs (Subtract Line 6 from Line 5)		
		8. Gallons used to operate motor buses or taxicabs on Connecticut roads (Multiply Line 7 by Line 4)		
		9. Tax Refund Claimed (Multiply Line 8 by _____ per gallon. See rate table on reverse side for appropriate rate.)		\$

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 that the penalty for willfully delivering a false return to DRS is a fine of not more than \$5,000, or imprisonment for not more than 5 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.

Signature	Title	Date
Print Name		

Instructions

Your motor vehicle fuels tax refund claim for gasoline used during calendar year 2001 must:

1. Be filed with DRS on or before May 31, 2002; **and**
2. Include at least 200 gallons of fuel eligible for tax refund.

Be sure to provide a telephone number where you can be contacted.

You must indicate your Connecticut tax registration number or Social Security Number in the space provided.

For all purchases reported on Line 5, you must attach a copy of each numbered slip or invoice that was 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 gasoline purchased;
- Price per gallon; and
- Total amount paid.

Motor Vehicle Fuels Tax Refund Rates for Gasoline

Motor Buses	25¢ per gallon
Taxicabs	12.5¢ per 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.

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

You must retain records that substantiate your refund claim for at least three years following the filing of the claim and make them available to DRS upon request.

Additional Information

If you need additional information or assistance, please call the Excise/Public Services Taxes Subdivision at **860-541-3225**, Monday through Friday, between the hours of 8:00 a.m. and 5:00 p.m. Forms may also be downloaded from our Web site at: **www.drs.state.ct.us**

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