STATE OF CONNECTICUT DEPARTMENT OF REVENUE SERVICES Excise/Public Services Taxes Subdivision 25 Sigourney Street Hartford CT 06106-5032

CT Tax Registration Number / Social Security Number

## Form AU-737a Motor Vehicle Fuels Tax Refund Claim Gasoline — Airport Service (Motor Bus)

(Rev. 07/01)

## Instructions

1. For additional instructions and information see reverse side.

Telephone Number

- 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.

FOR DRS USE ONLY

Audit Number

Name of Claimant (Type or print)								mber		
Number and Street								llons		
Trainbor and one					Tiolana da					
City or Town S				State	ZIP+4 Refun		Refund Tax	\$		
Type of Business Location of F					ecords (if different from above)		Reviewed E	Reviewed By		Date
Prior Claim Filed for Period Ending Period of Claim From				То			Approved By			Date
	<u> </u>									
Gasoline Purchased										
	Date	ate Purchased From			Number of soline Gallons	Date	Р	urchased From		Number of Gasoline Gallons
SCHEDULE										
A										
STATEMENT										
OF										
GASOLINE										
PURCHASES										
		Total Number of Gasoline Gallons Purchased								
		1. To	otal miles for period						•	
		2. Total gasoline gallons for period (Enter the total number of gallons from Schedule A)					gasoline			
		3. Average miles per gallon (Divide Line 1 by Line 2)								
COMPUTATION		4. Total Connecticut miles used for transportation of passer to or from airport facilities					ngers			
		5. Refund gallons (Divide Line 4 by Line 3)								
		6. Tax refund (Multiply Line 5 by 25¢ (.25) per gallon)						\$		
and belief, it is	true, com	nplete, a	at I have examined this nd correct. I understand years, or both. The dea	d that the per	nalty for willfully	delivering a	false return	n to DRS is a fine	of not m	ore than \$5,000, or
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 2, 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 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.

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.