Department of Revenue Services Excise Taxes Unit 25 Sigourney Street Hartford CT 06106-5032

Form AU-738

Motor Vehicle Fuels Tax Refund Claim

Received by DRS

Hartford CT 06106-5032 Motor Vehicle Fuels Tax Refund Claim										
(Rev. 07/07) Nutrition I			Nutrition Program	rogram			Period of Claim in Calendar Year 2007			
You must check the appropriate fuel type box at right. Refund claims must be filed on or before May 31, 2008, for fuel used during calendar year 2007. Complete this refund claim in blue or black ink only.										
Name	of Claimant (Print)				FEIN					
► Telepho	oneNumber				SSN					
▶ ()										
Number and Street					Fuel Type: □ □ Diesel □ Motor Vehicle Fuels					
City or Town					(Gasoline-Gasohol) Claim Type: Claim Type:					
State			ZIP+4		olaini type.		Nutrition	ogram		
► Туре о	of Business		Location of Records (if different	ocation of Records (if different from above)						
Sche	edule A Statement of Motor Vehic	cle Fuel Purchase	es: Receipts must be attached. At	tach additional shee	t(s) as necessai	y to p	provide a c	omplete response.		
Date	e Name of Supplie	er	Gallons of Fuel Date	Na	ame of Supplier			Gallons of Fuel		
				Total Round to the nearest whole			ole gallon.			
	e III-C meals to senior citizen	.								
Sche	edule B Computation of Net Re	efund								
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.					►	З.				
4. Total miles in delivery vehicles that are used exclusively for the delivery of meals to senior citiz					zens 🕨	4.				
5.	5. Refund gallons: Divide Line 4 by Line 3.				•	5.				
6.	6. Tax refund claimed: Multiply Line 5 by per gallon. See <i>Refund Rates</i> on reverse.					6.	\$.00		
the b to th decla	laration: I declare under penalty of best of my knowledge and belief, it the Department of Revenue Service aration of a paid preparer other th yer Signature	is true, comple s (DRS) is a fi	ete, and correct. I understand ine of not more than \$5,000, er is based on all information Title	the penalty for wi or imprisonment of which the pre	Ilfully delivering for not more	ig a f than	false retur five years	n or document s, or both. The		
Print Taxpayer Name			Telephone Number ()	Email Address						
Print Preparer Name			Preparer's SSN or PTIN	Email Address						

Instructions

Your motor vehicle fuels tax refund claim for fuel used during calendar year 2007 must:

- 1. Be filed with DRS on or before May 31, 2008; and
- 2. Involve at least 200 gallons of fuel eligible for tax refund.

The appropriate fuel type box must be marked on the front of this form in order to process this claim. You must file a separate **Form AU-738**, *Motor Vehicle Fuels Tax Refund Claim*, for each motor vehicle fuel type.

Provide a telephone number where DRS can contact you.

You must indicate your Connecticut Tax Registration Number, Federal Employer Identification Number (FEIN), or Social Security Number (SSN) in the space provided.

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:

- 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 fuel purchased;
- Price per gallon;
- Total amount paid; and
- If payment is made within a discounted period, provide proof of 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. Line 6 - Gross refund: Use this table to calculate the proper tax refund rate based on when your purchase was made.

2007 Tax Refund Rates for Nutrition Program Only

January 1, 2007, through June 30, 2007, Purchases

You must file a separate Form AU-738 for each fuel type and each claim type in effect between January 1, 2007, and June 30, 2007. You must also file a separate Form AU-738 for each fuel type and each claim type in effect between July 1, 2007, and December 31, 2007.

You must attach a copy of your contract with your local area agency on aging as evidence of your eligibility to provide Title III-C meals to senior citizens.

Line 6 Only - Rounding Off to Whole Dollars: You must round off cents to the nearest whole dollar on your motor vehicle fuels tax refund claim. 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. If you do not round, DRS will disregard the cents.

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.

Mail the completed refund application to:

Department of Revenue Services Excise Taxes Unit 25 Sigourney Street Hartford CT 06106-5032

Additional Information

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.