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

Form AU-741

Motor Vehicle Fuels Tax Refund Claim Commuter Vans ▶

Received by DRS Period of Claim in Calendar Yea

Rev. 07/08)						Period of Claim in Calendar Year 2006					
ou must check the appropriate fuel type box at right. Refund claims must be filed on or before May 31, 2009 or fuel used during calendar year 2008. Complete this refund claim in blue or black ink only.						Connecticut Tax Registration Number					
Name of Claimant (Print)											
Telephone Number						SSN					
()					• ••••					
Number and Street						Fuel Type:		Diesel Motor Ve	ehicle Fuels	;	
City or 7	own							(Gasoline	e-Gasohol)		
► State			ZIP+4			Claim Type:	▶□	Commut	ier Vans		
>											
Type of	Business	Location of Records	s (if differen	nt from ab	ove)						
Owner o	r Lessee of Vehicle		Vehicle Re	egistratior	n Number	Avera	ge Da	aily Pass	engers (Mir	nimum 9)	
Name of Driver				Employer of Driver							
Daily Routes Traveled (Start – Finish – Towns)				Daily Miles Traveled							
Jally Routes Havelet (Staft - Fillish - Towns)				Daily Willes Haveled							
			ļ								
Sche	dule A Statement of Motor Vehicle Fuel Purchase	es: Receints must be	attached A	Attach ad	ditional sheet	s) as necessar	v to n	rovide a	complete r	esponse	
Date	Name of Supplier	Gallons of Fuel	Date	Tataon aa		me of Supplie	<u> </u>	ovido d		ns of Fue	
									+		
										-	
						und to the neare	st wh	ole gallo	n.		
A qua	lifying vehicle is a vehicle which meets the	average daily pas	senger m	ıınımum	of nine.						
	dule B Odometer Readings at the Beginning and						1.1				
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 fro	om Line 1.				>	3.				
Sche	dule C Computation of Net Refund										
1.	Total miles for period: Enter amount from Schedule B, 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	
my kr of Re	ration: I declare under penalty of law that I have e owledge and belief, it is true, complete, and corre venue Services (DRS) is a fine of not more than \$1 than the taxpayer is based on all information of w	ct. I understand the 5,000, or imprisonm	penalty for ent for no	or willfull ot more tl	y delivering a nan five year	a false return o	or do	cument	to the Dep	partment	
Taxpaye	er Signature	Title	tle						Date		
Print Ta	xpayer Name	Telephone Number	er Email Address								
Print Pr	eparer Name	Preparer's SSN or F	PTIN	E	mail Address						

Instructions

Your motor vehicle fuels tax refund claim for fuel used during calendar year 2008 must:

- 1. Be filed with DRS on or before May 31, 2009;
- 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;
- 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 fifteen 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 in order 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, 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.

2008 Tax Refund Rates for Commuter Vans Only

January 1, 2008, through June 30, 2008, purchases

Diesel 37¢ per gallon

Motor Vehicle Fuels 25¢ per gallon

July 1, 2008, through December 31, 2008, purchases

Diesel 43.4¢ 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, 2008, and June 30, 2008. You must also file a separate Form AU-741 for each fuel type and each claim type in effect between July 1, 2008, and December 31, 2008.

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. 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.

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.