Department of Revenue Services State of Connecticut Excise Taxes Unit 25 Sigourney St Ste 2

Form AU-741

Motor Vehicle Fuels Tax Refund Claim Commuter Vans

Received by DRS

Hartfor (Rev. 09	d CT 06106-5032 9/09)		Commute	i valis		Period of		n calendar y 1rough /	ear 200 9	9	
You must check the appropriate fuel type box at right. Refund claims must be filed on or before May 31, 2010,						2010, Connection		Registration	Number		
for fuel used during calendar year 2009. Complete this refund claim in blue or black ink only. Print name of claimant							yolam	er Identificat	ion Number (F	EIN)	
>							•				
Telephone number							Social Security Number (SSN)				
Number and street								J Diesel			
Number and street								ם טופגפו בי Motor vehi	cle fuels		
City or town								(gasoline-g			
Ctata				ZID and		Claim type:		1 Commuter	vans		
State ZIP code											
Type o	f business		Location of records	if different	from above						
Owner	or lessee of vehicle			Vehicle re	gistration number	Δνρ	rane d	laily nassend	ners (Minimum	9)	
Owner	or leasee of verticle			Verificial registration number				verage daily passengers (Minimum 9) •			
Name of driver					Employer of driver						
Daily routes traveled (start – finish – towns) Daily miles traveled											
Daily routes traveled (start – finish – towns) Daily miles traveled											
		of Motor Vehicle Fuel Purchases: F			ttach additional	. ,		provide a c			
Date	e N	lame of Supplier	Gallons of Fuel	Date		Name of Suppl	ier		Gallons of	Fuel	
Total: Round						al: Round to the nea	rest w	hole gallon.			
A qu	alifying vehicle is	s a vehicle which meets the av	erage daily pas	senger m					-1		
Cobe	dula B. Odomot	or Doodings at The Doginning	and The End of	Dorind							
1.		er Readings at The Beginning		Period			1 .				
	Odometer reading at end of a period for qualifying vehicles										
2.	Odometer reading at beginning of a period for qualifying vehicles					2.					
3.	Total mileage for a period: Subtract Line 2 from Line 1.						3 .				
Sche	edule C Comput	ation of Net Refund									
							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.										
6. Tax refund claimed: Multiply Line 5 by per gallon. See Refund Rates on reverse.							6.	\$.00	
my k of Re	nowledge and belief evenue Services (DR	der penalty of law that I have exa , it is true, complete, and correct. (S) is a fine of not more than \$5,0 s based on all information of whice	I understand the 000, or imprisonm	penalty for no	or willfully delivent that the transfer is the transfer to the transfer is the transfer in the	ering a false return	or do	ocument to	the Departm	ent	
Taxpayer signature Title								Da	te		
Print ta:	xpayer's name	T	elephone number (Email addr	ress					
Print pr	eparer's name	P	reparer's SSN or P	TIN	Email address						

Form AU-741 Instructions

Your motor vehicle fuels tax refund claim for fuel used during calendar year 2009 must:

- 1. Be filed with DRS on or before May 31, 2010;
- 2. 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
- The high-occupancy commuter vehicle seats at least ten but not more than 15 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; and
- · Total 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.

2009 Tax Refund Rates for Commuter Vans Only

January 1, 2009, through June 30, 2009, purchases

Diesel43.4¢ per gallon

Motor vehicle fuels 25¢ per gallon

July 1, 2009, through December 31, 2009, purchases

Diesel 45.1¢ 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, 2009, and June 30, 2009. You must also file a separate Form AU-741 for each fuel type and each claim type in effect between July 1, 2009, and December 31, 2009.

Line 6 Only - Rounding off to whole dollars: You must round off cents to the nearest whole dollar. 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 State of Connecticut Excise Taxes Unit 25 Sigourney St Ste2 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.