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

# Form AU-724

Motor Vehicle Fuels Tax Refund Claim Off Highway, Governmental & School Bus Use You must check the appropriate fuel type and claim type box on the right. Refund claims must be filed on or before

 Fuel Type

 Diesel

 Gasoline - Gasohol)

(Rev. 11/05) box on the right. Refu May 31, 2006, for fue						deserver and a				Off Highway		ioveri	nmental	School Bus
Name of Claimant (Type or print)					Period of Claim in Calendar Year 2005. ▶/ through/ 2005					For DRS Use Only Audit Number				
Telephone Number					► through 2005 CI					Claim Number	r Voucher Number			
Telephone Number					CT Tax Registration Number Refund Ga						s			
Number and Street					FEIN Refund									
										φ				
City or Town					SSN					Less Use Tax \$				
										Net Refund \$				
State ZIP+4					Due on or before May 31, 2006					Reviewed By			[	Date
Type of Business Location of Records (if different from above)					inay 51, 2000					Approved By			1	Date
Schedule A         Statement of motor vehicle fuel purchases. Receipts           Date         Name of Supplier         Gallons of Supplier				Gallons of F						Innlior		Galle	ons of Fuel	
Dale	Name of Supplier Galions			Galions of F				ine oi St						
								Total (Round to the near				allon.)		
Schedu	JIE B Statement of non-taxable	use. List th	ne numbe	r of pieces o	of eacl	h type of	equipme	ent and the			-		n each.	
Qty.						Equipment Gallons Qty.			Type of Equipm				Gallons	
	Backhoes			Lighting Un	nits		gistration Number(s)			Road Rollers				
	Bulldozers					egistration Nu				Road Scra				
	Carburetor - Engine Tests								School Bus		s.)			
	Cement - Mixer Units			Governmen	t Vehio	/ehicles (See Instructions.)				Tow Motor	s			
	Compressors			Power Sav	Mowers				Unregister	ed Vehicles (Attacl			st.)	
	Cranes			Power Shovels						Welders				
	Fork Lifts and Hoists			Pumping Units						Well Drillin	g Unit	S		
	Heating Units			Rail - Baggage Trucks										
Loaders Refrigerator Units Total (Round to the nearest whole gallon. Enter zero if less than 200 gallons.)													•	
Schedu	Schedule C Computation of net refund.													
1.	Opening inventory	Enter th	Enter the gallons of fuel in inventory at beginning of claim period.											
2.	Purchases	Enter th	ter the total from <i>Schedule A</i> .											
3.	Total gallons available	Add Lir	ne 1 and	Line 2.								3.		
4.	Closing inventory	Enter the gallons of fuel in inventory at end of claim period.												
5.	Total gallons used	Subtra	Subtract Line 4 from Line 3. 5.											
6.	Nontaxable use	Enter the total from <i>Schedule B</i> . 6.												
7.	Taxable use	Subtract Line 6 from Line 5.        7.												
8.	Gross refund	Multiply Line 6 by appropriate rate per gallon (See rate table on reverse side.)  8.												
9.	Total amount paid	Enter total amount paid for gallons reported on Schedule A.										9.	\$	
10.	Average price per gallon	Divide Line 9 by Line 2.										10.	\$	
11.	Connecticut motor vehicle fue	ls tax rate	s tax rate (See rate table on reverse side.)									11.	\$	·
12.	Net average price per gallon	Subtra	Subtract Line 11 from Line 10.									12.	\$	
13.	Amount subject to use tax	Multiply	Multiply Line 12 by Line 6.									13.	\$	
14.	Use tax due		Multiply Line 13 by 6% (.06). Subtract Line 14 from Line 8.									14.	\$	.00
15.	Net refund								15.	\$	.00			
<b>Declaration</b> : 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 the penalty for willfully delivering a false return or document to Department of Revenue Services (DRS) is a fine of not more than \$5,000, or imprisonment for not more than five 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.												an \$5,000, or		
Taxpayer Signature					Title						Date			
Print Taxpayer Name					Telephone Number						Date			
					· .									
Print Preparer Name					Preparer's Address					Preparer's SSN or PTIN				

Use **Form AU-724**, *Motor Vehicle Fuels Tax Refund Claim*, to file a motor vehicle fuels tax refund claim for diesel or motor vehicle fuels (gasoline - gasohol):

- a. Used by the United States, the State of Connecticut, or a municipality of the State of Connecticut;
- b. Used in any school bus, as defined in Conn. Gen. Stat. §14-275; or
- c. Used for off highway use.

The appropriate fuel type and claim type box must be marked on the front of this form in order to process this claim. You must file a separate Form AU-724 for each motor vehicle fuel type and claim type.

Your motor vehicle fuels tax refund claim for fuel used during calendar year 2005 must:

- 1. Be filed with the DRS on or before May 31, 2006; and
- 2. Involve 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, Federal Identification Number (FEIN) or Social Security Number (SSN) in the space provided.

For all purchases reported on Line 2, 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 being 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.

Mail the completed refund application to:

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

## Schedule A Instructions

## Table of Motor Vehicle Fuels Tax Refund Rates for 2005

Diesel January 1, 2005 through December 31, 2005 26¢ per Gallon

Motor Vehicle Fuels

January 1, 2005 through December 31, 2005 25¢ per Gallon

Note: You must file a separate Form AU-724 for each motor vehicle fuel type and each claim type.

Indicate the date of purchase, name of the supplier, and number gallons of fuel purchased. Round the total line to the nearest whole gallon.

## **Schedule B Instructions**

- 1. Enter the quantity of each type of equipment and total number of gallons used in each.
- 2. Enter a registration number for all motor boats you list.
- 3. The school bus refund is for any school bus, as defined in Conn. Gen. Stat. §14-275.
- 4. Total gallons, rounding to the nearest whole gallon. Enter zero if less than 200 gallons.

## Schedule C Instructions

Purchases of fuel on which a motor vehicle fuels tax refund claim is allowed are subject to Connecticut use tax at the tax rate in effect at the time of the purchase. Use tax is calculated on the price paid per gallon less the Connecticut motor vehicle fuels tax rate. You must determine your Connecticut use tax liability on such purchases by completing *Schedule C*.

## **Specific Line Instructions**

For Line 14 and Line 15 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.

**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.

**Note:** If you claim exemption from the Connecticut use tax because the fuel was used and consumed directly in manufacturing or commercial fishing, you must send the appropriate exemption certificate with each refund claim filed.

## **Additional Information**

If you need additional information or assistance, please call the Excise Taxes Unit at **860-541-3224**, Monday through Friday, 8:30 a.m. to 4:30 p.m. Forms may be downloaded from our Web site at **www.ct.gov/DRS** 

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