

Department of Revenue Services State of Connecticut Excise Taxes Unit PO Box 5031 Hartford CT 06103-1837 AU741 0619W 01 9999



Form AU-741 Motor Vehicle Fuels Tax Refund Claim

2019



Commuter Vans (Rev. 06/19)

Refund claims must be filed on or before May 31, 2020, for fuel used during calendar year 2019. You must check the appropriate fuel type box below. Complete this refund claim in blue or black ink only. Please note that each form is year specific. To prevent any delay in processing your return, the correct year's form **must** be submitted to the Department of Revenue Services (DRS). Do not use staples.

Period of claim in calendar year		Type of business	Connecticut	Tax Registration Number	
through	- 		•	-	
Name of claimant (print)	- 1 1 Y		Federal Emp	ployer Identification Number	
•			•		
Address (number and street)			Social Secu	rity Number	
•			-		
City or town	State	ZIP code	Check here	if address change.	
	•				
Location of records if different from above			Telephone r	number	
Fuel type: ▶ Diesel ▶ Motor ve	hicle fuels (gas	oline-gasohol)			
Claim type: ► Commuter vans					
A <i>qualifying vehicle</i> is a vehicle which meets the average	daily passenge	er minimum of nine			
Owner or lessee of vehicle Vehicle registration number			Average daily passengers (Minimum 9)		
Name of drives			Doily mile	an travalad	
Name of driver Employer of driver			Daily Mile	Daily miles traveled	
Daily routes traveled (start – finish – towns)					
Part 1 - Computation of Net Refund					
Odometer reading at end of a period for qualifyir	na vehicles		1. ▶		
Odometer reading at end of a period for qualifying vehicles Odometer reading at beginning of a period for qualifying vehicles			2. ▶		
			3. ▶		
3. Total mileage for a period: Subtract Line 2 from Line 1.			4. ▶		
Total gallons of fuel for period for qualifying vehicles					
5. Average miles per gallon: Divide Line 3 by Line 4; carry to .0001.			5. ▶		
6. Total Connecticut miles to and from work for this period			6. ▶		
7. Refund gallons: Divide Line 6 by Line 5.			7. ▶		
8. Tax refund claimed: Multiply Line 7 by	per gallon. Se	e <i>Refund Rates</i> on Page 3.	8. ▶	.00	
Declaration: I declare under penalty of law that I have examined	this return (includ	ing any accompanying schedules a	and statements) a	and, to the best of my knowledge and	
belief, it is true, complete, and correct. I understand the penalty for not more than five years, or both. The declaration of a paid p	or willfully deliveri	ng a false return or document to D	RS is a fine of not	more than \$5,000, or imprisonment	
Taxpayer signature	Title	1 7	Date		
Sign Here			_	_	
Keep a Print taxpayer name	Telephone nu	mber	M M -	D D - Y Y Y Y	
copy of this return	_	_			
for your Paid preparer signature	Propagor add		Droparor's S	SN or DTIN	
records.	Preparer add	C-3-3	Preparer's S	ON OF THE	
Taxpayer's email address					
Taxpayer's errial address					
Complete Schedule A on De	0.1.6		, ,,		



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Connection to	
Connecticut Tax	
Registration	
Number	



Schedule A

Statement of motor vehicle fuel purchases by month: Receipts **must** be attached. Attach additional sheet(s) as necessary to provide a complete response.

Column 1 Month	Column 2 Name of Supplier	Column 3 Gallons of Fuel		
Takah Takah af allu	a in Onlywood Control and an Dout Alling Al Douglate the control and an in-			
Total: Total of all amounts in Column 3. Enter here and on Part 1, Line 4. Round to the nearest whole number.				

Form AU-741 - Instructions

General Instructions

Complete this form in blue or black ink only.

Your motor vehicle fuels tax refund claim for fuel used during calendar year 2019 must:

- 1. Be filed with DRS on or before May 31, 2020; and
- 2. Involve at least 200 gallons of fuel eligible for tax refund.

The appropriate fuel type and claim type box must be marked on the front of this form to process this claim. You must file a separate **Form AU-741**, *Motor Vehicle Fuels Tax Refund Claim*, for each motor vehicle fuel type and claim 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.

Mail the completed refund application to:

Department of Revenue Services State of Connecticut Excise Taxes Unit PO Box 5031 Hartford CT 06103-1837

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

Part 1 - Instructions

Complete Schedule A before completing Part 1 - Computation of Net Refund.

Line 8 only - Rounding off to whole dollars: You must round off cents to the nearest whole dollar on your return and schedules. 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

Line 8 - Tax refund claimed: Use the table to calculate the proper tax refund rate based on when your purchase was made.

Schedule A - Instructions

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:

- 1. Date of purchase;
- Name and address of the seller, which must be printed or rubber stamped on the slip or invoice;

2019 Tax Refund Rates for Commuter Vans Only January 1, 2019, through June 30, 2019, purchases

Diesel 43.9ϕ per gallonMotor vehicle fuels 25ϕ per gallon

You must file a separate Form AU-741 for each fuel type and each claim type in effect between January 1, 2019, and June 30, 2019.

July 1, 2019, through December 31, 2019, purchases

Diesel46.5¢ 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 July 1, 2019, and December 31, 2019.

- 3. Name and address of the purchaser, which must be the name and address of the person or entity filing the claim for refund;
- 4. Number of gallons of fuel purchased;
- 5. Price per gallon;
- 6. Total amount paid; and
- If payment is made within a discounted period, provide proof of amount paid.

You must keep 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.

Additional Information

If you need additional information or assistance, call the DRS Excise Taxes Unit at **860-541-3224**, Monday through Friday, 8:30 a.m. to 4:30 p.m.

Forms and Publications: Visit the DRS website at portal.ct.gov/DRS to download and print Connecticut tax forms and publications.

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