

MOTOR VEHICLE FUELS TAX
(FARM USE ONLY)

STATE OF CONNECTICUT
DEPARTMENT OF REVENUE SERVICES
MOTOR FUEL SECTION
25 Sigourney Street, Hartford CT 06106-5032

GASOLINE
CLAIM FOR REFUND

INSTRUCTIONS

1. See reverse side for general instructions and information.
2. Mail original to the Department of Revenue Services at the above address.
3. **REFUND CLAIMS MUST BE FILED BY MAY 31, 1999** for purchases made during calendar year 1998.

CT Tax Registration Number / Social Security Number		Telephone Number ()		FOR DEPARTMENT USE ONLY		Audit Number	
Name of Claimant <i>(Please type or print)</i>				Claim Number			
Number and Street				Refund Gallons			
City or Town			State	ZIP+4		Refund Tax \$	
Type of Business			Location of Records <i>(if different from above)</i>		Reviewed By		Date
Prior Claim Filed for Period Ending / /		Period of Claim From To		Approved By		Date	
No. of Storage Tanks	Meters <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Capacity Storage Tanks		Acres Under Cultivation		Type of Farming	

Month	Purchased From	Number of Gasoline Gallons	Taxable Use	Non-taxable Use
	Beginning Inventory			
	Ending Inventory			
	Total Use			

Computation of Claim

Total non-taxable use multiplied by appropriate rate per gallon. (See rate table on reverse side) \$ _____

Make	Year	Type	Motor Vehicle Reg. #	Make	Year	Type	Motor Vehicle Reg. #
Make	Year	Type	Motor Vehicle Reg. #	Make	Year	Type	Motor Vehicle Reg. #

List and Identify All Farm Registered Vehicles and Farm Implements For Which Refund is Claimed

Make and Type	Make and Type
Make and Type	Make and Type

I DECLARE UNDER THE PENALTIES OF FALSE STATEMENT THAT I HAVE EXAMINED THIS CLAIM AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, COMPLETE AND CORRECT.

Signature	Title	Date
Print Name		

GENERAL INSTRUCTIONS AND INFORMATION

IMPORTANT: Because the motor vehicle fuels tax rate changed during the year, you must file a separate **Form AU-725a** for the purchases you made at each motor vehicle fuel tax rate (see table below).

Your motor vehicle fuels tax refund claim on fuel purchased during the preceding calendar year must:

- (1) be filed with the Department of Revenue Services on or before the last day of May; **AND**
- (2) involve at least 200 gallons of fuel.

Please provide a telephone number where we can reach you.

In order to expedite the processing of your claim, please indicate your Connecticut tax registration number or social security number in the space provided.

You must attach the original (or a photocopy) of each numbered slip or invoice that was issued to you at the time of each purchase of fuel. The slip or invoice must indicate the date of purchase, the name and address of the seller (which must be printed or rubber stamped on the slip or invoice), the name and address of the purchaser (which must be the name and address of the person or entity filing the claim for refund), the number of gallons of fuel being purchased and the price per gallon.

You must maintain records that substantiate your refund claim for at least three years following the filing of the claim and make them available to the Department of Revenue Services upon request.

You must include a copy of your current farmer's tax exemption permit. **Failure to do so will result in your refund claim being charged Connecticut business use tax and deducted from your gross refund amount.**

Table of Motor Vehicle Fuels Tax Rates			
January 1, 1998	through	June 30, 1998	36¢ per Gallon
July 1, 1998	through		32¢ per Gallon

If you need information or assistance, please call the Excise/Public Services Taxes Unit at 860-541-3225, Monday through Friday between the hours of 8:00 a.m. and 5:00 p.m.

YOUR REFUND WILL BE APPLIED AGAINST ANY OUTSTANDING DEPARTMENT OF REVENUE SERVICES TAX LIABILITY.