

**MOTOR VEHICLE FUELS TAX**  
COMMUTER VANS

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

**DIESEL**  
**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 (     )		<b>FOR DEPARTMENT USE ONLY</b>		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
Owner or Lessee of Vehicle				Vehicle Registration Number		Average Daily Passengers <i>(Min. 9)</i>	
Name of Driver				Employer of Driver			
Daily Routes Traveled <i>(Start - Finish - Towns)</i>				Daily Miles Traveled			
<b>SCHEDULE A</b>	Month	Purchased From	Number of Diesel Gallons	Month	Purchased From	Number of Diesel Gallons	
<b>STATEMENT OF MOTOR FUEL PURCHASES</b>	Odometer reading at end of period						
	Odometer reading at start of period						
	Total mileage for period						
<b>COMPUTATION</b>	1. Total miles for period (Schedule B)						
	2. Total gallons for period <small>(Add number of diesel gallons in both Columns of Schedule A)</small>						
	3. Average miles per gallon (Divide Line 1 by Line 2)						
	4. Total Connecticut miles to and from work for period						
	5. Refund gallons (Divide Line 4 by Line 3)						
	6. Tax refund (Multiply Line 5 by 18¢ per gallon)					\$	
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**

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 reported on Line 2. 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.

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.**