

Form AU-497

Unregistered Vessel Sighting Report

For the Connecticut Municipal Revenue Sharing Program

General Instructions

1. Municipalities must use this form to report the presence of an unregistered vessel in Connecticut waters for the Connecticut Municipal Revenue Sharing Program. See **Special Notice 2001(7)**, *Sharing Certain Use Tax Revenue With Municipal Agencies*.
2. An authorized representative of the municipality must sign and date this form. The Department of Revenue Services (DRS) does not consider any information submitted by a municipality that is not accompanied by a properly completed **Form AU-497**.
3. Submit completed forms to: **DRS, Audit Division – RCA Unit, 25 Sigourney Street, Hartford CT 06106**.
4. DRS will review the information and contact the municipality.

Section 1: Vessel Owner Information

| | |
|---------------------|--|
| 1. Owner's Name: | 2. Is the vessel owner a Connecticut resident? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, it is not necessary to document sighting of the vessel for 60 days. |
| 3. Owner's Address: | |

Section 2: Operator Information

| | |
|--|-----------------------|
| 4. Operator's Name (If the Owner's Name Is Unknown): | 5. Operator's Address |
|--|-----------------------|

Section 3: Vessel Information

| | | |
|----------------------------------|-----------------|---|
| 6. Name of Vessel: | 7. Hailing Port | 8. State Reg. No. (CT #, MA #, RI #, Etc.): |
| 9. Vessel Year, Make, and Model: | 10. Length | 11. Coast Guard Documentation #: |

Section 4: Seller Information *(Please provide this information, if known)*

| | |
|---|-------------------|
| 12. Seller's Name: | 13. Sales Price: |
| 14. Seller's Address: | 15. Date of Sale: |
| 16. Was sales or use tax paid on this vessel? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, to whom? (Name and address) _____ | |

Section 5: Sighting Information

| |
|---|
| 17. Location of This Vessel at Time of Your Sighting: <i>(Check One)</i> <input type="checkbox"/> Private Dock <input type="checkbox"/> Slip <input type="checkbox"/> Mooring |
| 18. Address of Private Dock, Slip, or Mooring: _____ Street Address Town |
| 19. Owner or Renter of Dock, Slip, or Mooring: _____ Name Street Address Town |

Important: If the vessel owner is **not** a Connecticut resident, the *Nonresident Vessel Sighting Worksheet* (on reverse) must be completed for the municipality to qualify for any revenue sharing. If you have any questions, contact the Audit Division, RCA Unit, at **860-541-3253**, Monday through Friday, 8:00 a.m. to 5:00 p.m.

Section 6: Municipality Information

| | | |
|-----------------------|-----------------|-----------------------------|
| Municipality Name: | Contact Person: | Telephone Number (Daytime): |
| Municipality Address: | | |

Section 7: Declaration

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 that the penalty for willfully delivering a false return to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both.

| | |
|---|-------|
| Signature of Authorized Agent of the Municipality | Title |
| Print Name | Date |

Special Instructions

The following types of informations will assist DRS in establishing that a vessel was in Connecticut waters and that the purchaser is liable for sales and use taxes:

- a) Photographs or video with camera-produced dates for a total of 60 days or more between May 1 and October 31;
- b) Police log book;
- c) An affidavit from an authorized agent of a municipality.

When available, include:

- Motor vehicle or trailer license plate numbers (including state), or both, of the owner or operator;
- Where the owner or operator buys fuel, supplies, etc. for the vessel;
- Permits issued — such as fishing, hunting, etc.

For DRS Use Only

Additional information: _____

Nonresident Vessel Sighting Worksheet

Complete this worksheet if you answered **No** to Question 2 on the front. To be eligible for the *Municipal Revenue Sharing Program*, municipalities must complete this worksheet when vessels owned by nonresidents are sighted.

| | Date of Sighting | Name of Person Sighting Vessel Referenced on Front | | Date of Sighting | Name of Person Sighting Vessel Referenced on Front | | Date of Sighting | Name of Person Sighting Vessel Referenced on Front |
|----|------------------|--|----|------------------|--|----|------------------|--|
| 1 | | | 21 | | | 41 | | |
| 2 | | | 22 | | | 42 | | |
| 3 | | | 23 | | | 43 | | |
| 4 | | | 24 | | | 44 | | |
| 5 | | | 25 | | | 45 | | |
| 6 | | | 26 | | | 46 | | |
| 7 | | | 27 | | | 47 | | |
| 8 | | | 28 | | | 48 | | |
| 9 | | | 29 | | | 49 | | |
| 10 | | | 30 | | | 50 | | |
| 11 | | | 31 | | | 51 | | |
| 12 | | | 32 | | | 52 | | |
| 13 | | | 33 | | | 53 | | |
| 14 | | | 34 | | | 54 | | |
| 15 | | | 35 | | | 55 | | |
| 16 | | | 36 | | | 56 | | |
| 17 | | | 37 | | | 57 | | |
| 18 | | | 38 | | | 58 | | |
| 19 | | | 39 | | | 59 | | |
| 20 | | | 40 | | | 60 | | |