

Department of Revenue Services  
 State of Connecticut  
 Excise Taxes Unit  
 450 Columbus Blvd Ste 1  
 Hartford CT 06103-1837  
 (Rev. 02/17)

# Schedule AU-750

## Monthly Report of Motor Fuel Carrier

### Export or Import Schedule of Petroleum Products

Report for month ending
▶
CT Tax Registration Number
▶
Federal Employer ID Number (FEIN), or Social Security Number (SSN)
▶
Due on or before

1. Date of shipment	2. Type of product loaded	3. Date of delivery	4. Gallons	5. Name of boat, barge, or vessel
6. Loading terminal name	7. Loading terminal address			8. Loading terminal TCN
9. Consignor name	10. Consignor address			
11. Consignee name	12. Consignee address (actual delivery point)			13. Receiving terminal TCN
14. Original consignee name			15. Manner of delivery	

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**Declaration:** I declare under penalty of law that I have examined this report (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 report or document to the 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.

Taxpayer signature	Title	Date
Paid preparer signature	Telephone number	Date
Print preparer name	Preparer's address	Preparer's SSN, PTIN or FEIN

# Import Schedule of Petroleum Products

## General Instructions

Under Conn. Gen. Stat. §12-476a, the Commissioner of the Department of Revenue Services (DRS) directs all companies or persons transporting fuel **into** Connecticut or **out** of Connecticut to complete **Schedule AU-750, Monthly Report of Motor Fuel Carrier**.

File this schedule with the **DRS, Audit Division, Excise Taxes Unit**, on or before the last day of the month following the month being reported.

**Report for month ended:** Insert month and year covering activity being reported.

**CT Tax Registration Number:** Enter the taxpayer's Connecticut Tax Registration number.

**Federal Employer Identification Number (FEIN) or Social Security Number (SSN):** Enter the taxpayer's FEIN or, if the taxpayer is not a company, the taxpayer's SSN.

**Signature, Title, and Telephone:** This schedule must be signed by its preparer. The preparer must also list his or her title and a phone number where he or she can be reached. A paid preparer must sign and date Form AU-750. Paid preparers must also enter their SSN or Preparer Tax Identification Number (PTIN) and their firm's FEIN in the spaces provided.

**Due Date:** AU-750 is due on or before the last day of the month following the month being reported.

Make additional copies of this schedule if more than one page is required.

### Line Instructions

**1. Date of Shipment:** Insert date that product was loaded on boat, barge, or vessel.

**2. Type of Product Loaded:** Insert type of product. Example: gasoline, alcohol, #2 fuel oil, kerosene, aviation fuels, diesel, #6 oil, and any other type of fuel including compounds such as naphtha, etc. It is not necessary to indicate the grade of gasoline.

**3. Date of Delivery:** Insert date that product was pumped from boat, barge, or vessel into storage in the destination state.

**4. Gallons:** Insert the total number of gallons pumped into storage in the destination state. Gross gallons are preferred, but if not readily available use net gallons and so indicate.

**5. Boat, Barge, or Vessel Name:** Insert name of boat, barge, or vessel transporting product.

**6. Loading Terminal Name:** Insert name of terminal where product was loaded onto boat, barge, or vessel.

**7. Loading Terminal Address:** Insert address of terminal where product was loaded onto boat, barge, or vessel.

**8. Loading Terminal TCN:** Insert Terminal Control Number issued by the Internal Revenue Service (IRS).

**9. Consignor Name:** Insert name of company or person *shipping* product from Connecticut.

**10. Consignor Address:** Insert address of company or person *shipping* product from Connecticut.

**11. Consignee Name:** Insert name of company or person *receiving* the product and the destination state.

**12. Consignee Address:** Insert address of actual delivery point of product.

**13. Receiving terminal TCN:** Insert the Terminal Control Number issued by IRS.

**14. Original consignee name:** Name of the original consignee if different from the person or company to whom the fuel was delivered.

**15. Manner of delivery:** Indicate the method a company or person used to deliver the product.

Mail the completed Schedule to:

Department of Revenue Services  
State of Connecticut  
Excise Taxes Unit  
450 Columbus Blvd Ste 1  
Hartford CT 06103-1837

### 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.

Visit the DRS website at **[www.ct.gov/DRS](http://www.ct.gov/DRS)** to download and print Connecticut tax forms.