Form 8849 with Schedules 1 & 6 - Test 3

```
Orignator
      EFIN – as assigned
      Type -
      PractitionerPin
             EFIN – as assigned
             PIN
PinEnteredBy - n/a
SignatureOption – Binary attachment 8453-EX
ReturnType - 8849
TYEndMonth – 02
Filer
      EIN - 001900007
      Name - EFAN Fuel Association
      NameControl - EFAN
      USAddress – 2403 Purple Avenue Osborne KS 67473
Officer
      Name – James R Cook
      Title - President
      Phone - 7853462121
      EmailAddress -
      DateSigned – self select
      TaxpayerPin – self select
Preparer
      Name – Thomas Doe
      SSN or PTIN - P00000010
      Phone -7853462222
      EmailAddress -
      DatePepared –self select
      SelfEmployed – Y
TaxYear - 2026
```

8453-EX Excise Tax Declaration for an IRS e-file Return

binaryAttachmentCount - 1

Form **8849** (Rev. December 2025)

Department of the Treasury Internal Revenue Service

Name of claimant

Print clearly. Leave a blank box between words.

Claim for Refund of Excise Taxes

Go to www.irs.gov/Form8849 for instructions and the latest information.

OMB No. 1545-1420

Employer identification number (EIN)

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City or town, an	d state	or pro	vince.	If yo	u hav	e a fo	oreig	n add	dress	, see	inst	ruct	ions.		•		•							ZIP	or fo	reign	n post	al co	de	•	
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Foreign country	, if appl	icable.	. Do no	ot ab	brevia	ite.											_							Mor	nth cl	aima	ınt's i	ncorr	e tax	year	ends
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Check the a refund. Sche Form 8849.																															
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Schedule	2	Sal	es b	/ Re	giste	ered	l Ult	tima	te V	enc	dors	· .																			
Schedule	5	Sec	ction	408	81(e)	Cla	ims																								
Schedule	6	Oth	ner C	laim	ıs																										✓
Schedule	e 8	Re	giste	red (Crec	lit C	ard	İssı	uers	ì																					
1a Total	l refur																									T	1a			6,6	39.91
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Schedule 1 (Form 8849)

(Rev. May 2020)

Department of the Treasury Internal Revenue Service

Nontaxable Use of Fuels

► Attach to Form 8849. Don't file with any other schedule.

► Go to www.irs.gov/Form8849 for the latest information.

OMB No. 1545-1420

Name as shown on Form 8849 EIN or SSN Total refund (see instructions)

EFAN Fuel Association 001900007 \$ 6273.24

Caution: Claimant has the name and address of the person who sold the fuel to the claimant and the dates of purchase. For claims on lines 1a and 2b (types of use 13 and 14), 3d, 4c, and 5, claimant has not waived the right to make the claim. For claims on lines 1a and 2b (types of use 13 and 14), claimant certifies that a certificate has not been provided to the credit card issuer. See instructions for kerosene used in commercial aviation from March 28, 2020, through December 31, 2020.

Period of claim: Enter month, day, and year in MMDDYYYY format. From ▶ 11012026 To ▶ 11302026 (a) Type (d) Amount of refund (e) 1 **Nontaxable Use of Gasoline** (b) Rate (c) Gallons Multiply col. (b) by col. (c) of use CRN Gasoline (see Caution above line 1) \$.183 362 34280 6273 **b** Exported .184 411 **Nontaxable Use of Aviation Gasoline** 2 Use in commercial aviation (other than foreign \$.15 \$ 354 Other nontaxable use (see Caution above line 1) 324 .193 b Exported .194 412 d LUST tax on aviation fuels used in foreign trade .001 433 Nontaxable Use of Undved Diesel Fuel Claimant certifies that the diesel fuel did not contain visible evidence of dye. Exception. If any of the diesel fuel included in this claim did contain visible evidence of dye, attach a detailed explanation (d) Amount of refund (a) Type (e) (b) Rate (c) Gallons of use Multiply col. (b) by col. (c) CRN Nontaxable use \$.243 360 .243 \$ Use on a farm for farming purposes .243 353 Use in trains d Use in certain intercity and local buses 350 (see Caution above line 1) .17 Exported .244 413 Nontaxable Use of Undyed Kerosene (Other Than Kerosene Used in Aviation) Claimant certifies that the kerosene did not contain visible evidence of dye. Exception. If any of the kerosene included in this claim did contain visible evidence of dve, attach a detailed explanation Caution: Claims cannot be made on line 4 for kerosene sales from a blocked pump. Only registered ultimate vendors may make those claims using Schedule 2. (a) Type (d) Amount of refund (e) (b) Rate (c) Gallons Multiply col. (b) by col. (c) CRN of use Nontaxable use taxed at \$.244 \$.243 346 Use on a farm for farming purposes .243 \$ c Use in certain intercity and local buses 347 (see Caution above line 1) .17 **d** Exported .244 414

.043

.218

Nontaxable use taxed at \$.044

Nontaxable use taxed at \$.219

377

369

423

424

425

435

5	Kerosene Used in Aviation (see Caution abo	ve line 1)				
		(a) Type of use	Type (b) Rate	(c) Gallons	(d) Amount of refund Multiply col. (b) by col. (c)	(e) CRN
а	Kerosene used in commercial aviation (other than foreign trade) taxed at \$.244		.200		\$	417
b	Kerosene used in commercial aviation (other than foreign trade) taxed at \$.219		.175			355
С	Nontaxable use (other than use by state or local government) taxed at \$.244		.243			346
d	Nontaxable use (other than by state or local government) taxed at \$.219		.218			369
е	LUST tax on aviation fuels used in foreign trade		.001			433
6	Nontaxable Use of Alternative Fuel					
	Caution: There is a reduced credit rate for use	in certair	n intercity a	and local buses (type of use	5). See page 4 for the cr	edit rate
		(a) Type of use	(b) Rate	(c) Gallons, or gasoline or diesel gallon equivalents	(d) Amount of refund Multiply col. (b) by col. (c)	(e) CRN
а	Liquefied petroleum gas (LPG) (see instructions)		\$.183		\$	419
b	"P Series" fuels		.183			420
C	Compressed natural gas (CNG) (see instructions)		.183			421
d	Liquefied hydrogen		.183			422

h	Liquefied gas derived from biomass	
7	Nontaxable Use of a Diesel-Water Fuel Emu	lsion

e Fischer-Tropsch process liquid fuel from coal

g Liquefied natural gas (LNG) (see instructions)

f Liquid fuel derived from biomass

(including peat)

Caution: There is a reduced credit rate for use in certain interc	ty and local buses (type of use 5). See page 4 for the credit rate.
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.243

.243

.243

.183

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of refund Multiply col. (b) by col. (c)		(e) CRN
а	Nontaxable use		\$.197		\$		309
b	Exported		.198				306

Exported Dyed Fuels and Gasoline Blendstocks

			(b) Rate	(c) Gallons	(d) Amount of refund Multiply col. (b) by col. (
а	Exported dyed diesel fuel and exported gasoline blendstocks taxed at \$.001		\$.001		\$	415
<u>b</u>	Exported dyed kerosene		.001			416

Schedule 1 (Form 8849) (Rev. 5-2020)

Schedule 6 (Form 8849)

(Rev. August 2013) Department of the Treasury Internal Revenue Service

Other Claims

► Attach to Form 8849.

▶ Information about Schedule 6 (Form 8849) and its instructions, is at www.irs.gov/form8849.

OMB No. 1545-1420

EIN or SSN Total refund (total of lines 1-5) Name as shown on Form 8849 \$ **EFAN Fuel Association** 001900007 366.67 Enter the earliest and latest dates of the events included in this claim. Enter in MMDDYYYY format.

Earliest date ► _	11012026	Latest date ► _	11012026					
	Та		Amount of refund					
1								
Form 2290	2FWJS6CG72AJ0916	9		\$	366	67	365	
2								
3								
4								
5								

Use the space below for an explanation of each tax claimed.

For claims under section 6416(b)(2) relating to certain uses and resales of certain articles subject to manufacturers or retailers taxes, claimant certifies that it sold the article at a tax-excluded price, repaid the amount of tax to the ultimate vendor, or has obtained the written consent of the ultimate vendor to make the claim; and has the required supporting evidence.

VIN: 2FWJS6CG72AJ09169 Category V Truck was stolen 11/01/2026 \$550.00-\$183.33 = \$366.67

(Rev. December 2011) Department of the Treasury Internal Revenue Service

EFAN Fuel Association

Name (as shown on Form 720, 2290, or 8849)

Excise Tax Declaration for an IRS e-file Return

For the period beginning , and ending

Type of Return and Return Information (Whole dollars only)

For use with Forms 720, 2290, and 8849. ► File electronically. Do not file paper copies. ► See instructions. OMB No. 1545-2082

Taxpayer identification number 001900007

Check the box for the return for which you are using this Form 8453-EX and enter the applicable amount from the return. If you check the box on lines 1a, 2a, or 3a, below, and the amount on that line for the return for which you are filing this form was blank, leave lines 1b, 1c, 2b, or 3b, whichever is applicable, blank (do not enter -0-). However, if you entered -0- on the return, enter -0- on the applicable line below. **Do not** complete more than one line in Part I. 1a Form 720 check here **b Balance due,** if any (Form 720, Part III, line 10) . 1b c Overpayment, if any (Form 720, Part III, line 11) 1c Form 2290 check here **b Balance due** (Form 2290, line 6) 2b Form 8849 check here ▶ **b Total refund** (from Schedules 1, 2, 3, 5, 6, or 8) 6,639.91 Caution. For line 3b, Schedules 2, 3, 5, and 8 cannot be combined with any other schedules. File a separate Form 8453-EX for each schedule. Part II Declaration of Taxpayer (see instructions) 4a lam requesting a refund on Form 720 or Form 8849. b 🗌 I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed for the return indicated on lines 1a or 2a, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than two business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. Under penalties of perjury, I declare that the information I have given my electronic return originator (ERO), transmitter, and/or intermediate service provider (ISP) and the amounts in Part I above agree with the amounts on the corresponding return. To the best of my knowledge and belief, the return is true, correct, and complete. I consent to my ERO, transmitter, and/or ISP sending the return, this declaration, and accompanying schedules and statements to the IRS. I also consent to the IRS sending my ERO, transmitter, and/or ISP an acknowledgment of receipt of transmission and an indication of whether or not the return is accepted and, if rejected, the reason(s) for the rejection. If the processing of the return or refund is delayed, I authorize the IRS to disclose to my ERO, transmitter, and/or ISP the reason(s) for the delay, when the refund was sent. Sign Here Taxpayer's signature Date Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions) I declare that I have reviewed the return indicated above and that the entries on Form 8453-EX are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The taxpayer will have signed this form before I submit the return. I will give the taxpayer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 3112, IRS e-file Application and Participation, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the paid preparer, under penalties of perjury I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. This paid preparer declaration is based on all information of which I have any knowledge. Check if Check if self-ERO's SSN or PTIN ERO's FRO's also paid employed signature preparer Use Firm's name (or yours EIN Only if self-employed) address, and ZIP code Phone no. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge. Print/Type preparer's name Preparer's signature Date PTIN Check ✓ if **Paid** P00000010 Thomas Doe self-employed **Preparer** Firm's name Firm's EIN ▶ Use Only 7853462222 Firm's address ▶ Phone no.