

Form 8849 with Schedule 8 - Test 6

Originator

EFIN - as assigned

Type -

PractitionerPin

EFIN - as assigned

PIN

PinEnteredBy - n/a

SignatureOption - PIN Number

ReturnType - 8849

TYEndMonth -12

Filer

EIN - 001900009

Name - SOCN Oil Company

NameControl - SOCN

USAddress - 5703 Red Oak Street Lander WY 82520

Officer

Name - Mary A Cook

Title - President

Phone - 3076662121

EmailAddress -

DateSigned - self select

TaxpayerPin - self select

Preparer

Name - James Doe

SSN or PTIN - 000000013

Phone - 3076662222

EmailAddress -

DatePepared - self select

SelfEmployed - Y

TaxYear - 2026

binaryAttachmentCount - 0

Claim for Refund of Excise Taxes

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

OMB No. 1545-1420

Print clearly. Leave a blank box between words.

Name of claimant

S O C N O I L C O M P A N Y

Address (number, street, room or suite no.)

5 7 0 3 R E D O A K S T R E E T

City or town, and state or province. If you have a foreign address, see instructions.

L A N D E R W Y

Foreign country, if applicable. Do not abbreviate.

Daytime telephone number (optional)

Employer identification number (EIN)

0 0 1 9 0 0 0 0 9

Social security number (SSN)

ZIP or foreign postal code

8 2 5 2 0

Month claimant's income tax year ends

1 2

Caution. Do not use Form 8849 to make adjustments to liability reported on Forms 720 for prior quarters or to claim any amounts that were or will be claimed on Form 720, Schedule C; Form 4136, Credit for Federal Tax Paid on Fuels; Form 2290, Heavy Highway Vehicle Use Tax Return; or Form 730, Monthly Tax Return for Wagers.

Schedules Attached

Check the appropriate box(es) for the schedule(s) you attach to Form 8849. Only attach the schedules on which you are claiming a refund. Schedules 2, 5, and 8 cannot be filed with any other schedules on Form 8849. File each of these schedules with a separate Form 8849.

Schedule 1	Nontaxable Use of Fuels	☐
Schedule 2	Sales by Registered Ultimate Vendors	☐
Schedule 5	Section 4081(e) Claims	☐
Schedule 6	Other Claims	☐
Schedule 8	Registered Credit Card Issuers	☒

1a Total refund **1a**

b Routing number **c** Type: ☐ Checking ☐ Savings

d Account number

Sign Here

Under penalties of perjury, I declare (1) that I have examined this claim, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and (2) that amounts claimed on this form have not been, and will not be, claimed on any other form. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature and title (if applicable) Date

Mary A. Cook

Type or print your name below signature.

Paid Preparer Use Only

Preparer's name James Doe	Preparer's signature	Date	Check ☒ if self-employed	PTIN 000000013
Firm's name	Firm's EIN			
Firm's address	Phone no.			3076662222

**Schedule 8
(Form 8849)**(October 2006)
Department of the Treasury
Internal Revenue Service**Registered Credit Card Issuers**

OMB No. 1545-1420

▶ Attach to Form 8849. Do not file with any other schedule.

Name as shown on Form 8849

EIN

Total refund (see instructions)

SOCN Oil Company

001900009

\$ 629.89

Period of claim: Enter month, day, and year
in MMDDYYYY format.

From ▶

10012026

To ▶

12312026

Claimant's registration no. ▶ CC 234-002851You must enter your registration number to make a
claim on Schedule 8.

Note. For lines 1 through 5, claimant (a) has not collected the amount of tax from the ultimate purchaser or has obtained the written consent of the ultimate purchaser to make the claim, (b) has repaid or agreed to repay the amount of tax to the ultimate vendor, has obtained the written consent of the ultimate vendor to make the claim, or has made arrangements that directly or indirectly provide the ultimate vendor with repayment of the tax, and (c) has obtained the required certificate from the ultimate purchaser and has no reason to believe any of the information in the certificate is false.

1 Sales of Undyed Diesel Fuel

	(a) Rate	(b) Gallons	(c) Amount of refund <i>Multiply col. (a) by col. (b)</i>	(d) CRN
Use by a state or local government	\$.243		\$	360

2 Sales of Undyed Kerosene (Other Than Kerosene For Use in Aviation)

	(a) Rate	(b) Gallons	(c) Amount of refund <i>Multiply col. (a) by col. (b)</i>	(d) CRN
Use by a state or local government	\$.243		\$	346

3 Sales of Kerosene for Use in Aviation

	(a) Rate	(b) Gallons	(c) Amount of refund <i>Multiply col. (a) by col. (b)</i>	(d) CRN
a Use by a state or local government (kerosene taxed at \$.244)	\$.243		\$	346
b Use by a state or local government (kerosene taxed at \$.219)	.218			369

4 Sales of Gasoline

	(a) Rate	(b) Gallons	(c) Amount of refund <i>Multiply col. (a) by col. (b)</i>	(d) CRN
a Use by a nonprofit educational organization	\$.183	3442	\$ 629 89	362
b Use by a state or local government	.183			

5 Sales of Aviation Gasoline

	(a) Rate	(b) Gallons	(c) Amount of refund <i>Multiply col. (a) by col. (b)</i>	(d) CRN
a Use by a nonprofit educational organization	\$.193		\$	324
b Use by a state or local government	.193			