

Form 8849 - Test 1

Form 8849 with Schedule 1 - Test #1

Originator

EFIN – as assigned

Type -

PractitionerPin

EFIN – as assigned

PIN

PinEnteredBy – n/a

SignatureOption – PIN Number

ReturnType - 8849

TYEndMonth –12

Filer

EIN - 111000005

Name – ESIN SVCS INC

NameControl - ESIN

USAddress – 2403 Green Lane Fairfax VA 22031

Officer

Name – James R. Cook

Title - President

Phone – 7036662121

EmailAddress -

DateSigned – self select

TaxpayerPin – self select

Preparer

Name – Thomas Doe

SSN or PTIN – 000000008

Phone -7036662222

EmailAddress -

DatePrepared –self select

SelfEmployed – Y

TaxYear – 2013

binaryAttachmentCount - 0

Form 8849 - Test 1

| | | |
|--------------------------|---|----------------|
| Form 8849 Test #1 | Claim for Refund of Excise Taxes | TY 2013 |
|--------------------------|---|----------------|

| | | |
|---------------------------------|------------------|--|
| Name: | ESIN SVCS INC | |
| Taxpayer identification number: | 111000005 | |
| Number, street, and room: | 2403 Green Lane | |
| City or town, State, Zip code: | Fairfax VA 22031 | |

| | | |
|------------|---|-------------------------------------|
| Schedule 1 | Nontaxable Use of Fuels | <input checked="" type="checkbox"/> |
| Schedule 2 | Sales by Registered Ultimate Vendors | <input type="checkbox"/> |
| Schedule 3 | Certain Fuel Mixtures and the Alternate Fuel Credit | <input type="checkbox"/> |
| Schedule 5 | Section 4081(e) Claims | <input type="checkbox"/> |
| Schedule 6 | Other Claims | <input type="checkbox"/> |
| Schedule 8 | Registered Credit Card Issuers | <input type="checkbox"/> |

Form 8849 Schedule 1 - Test #1

| | | |
|---------------------------------------|--------------------------------|----------------|
| Form 8849 Schedule 1 - Test #1 | Nontaxable Use of Fuels | TY 2013 |
|---------------------------------------|--------------------------------|----------------|

| | | |
|---------------------------------|------------------|--|
| Name: | ESIN SVCS INC | |
| Taxpayer identification number: | 111000005 | |
| Number, street, and room: | 2403 Green Lane | |
| City or town, State, Zip code: | Fairfax VA 22031 | |

Total refund (see instructions)

29,458.25

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

From
10012013

To
10312013

Form 8849 - Test 1

1 - Nontaxable Use of Gasoline

| | (a) Type of use | (b) Rate | (c) Gallons | (d) Amount of refund Multiply col. (b) by col. (c) | (e) CRN | |
|----------|--|----------|----------------|---|----------------|-----|
| a | Gasoline (see Caution above line 1) | 4 | .183 | <i>30250</i> | <i>5535.75</i> | 362 |
| b | Exported | | | | | 411 |

2 - Nontaxable Use of Aviation Gasoline

| | (a) Type of use | (b) Rate | (c) Gallons | (d) Amount of refund Multiply col. (b) by col. (c) | (e) CRN | |
|----------|---|----------|----------------|---|----------------|-----|
| a | Use in commercial aviation (other than foreign trade) | | .15 | <i>53042</i> | <i>7956.30</i> | 354 |
| b | Other nontaxable use (see Caution above line 1) | | .193 | | | 324 |
| c | Exported | | .194 | | | 412 |
| d | LUST tax on aviation fuels used in foreign trade | | .001 | | | 433 |

3 - Nontaxable Use of Undyed Diesel Fuel

| | (a) Type of use | (b) Rate | (c) Gallons | (d) Amount of refund Multiply col. (b) by col. (c) | (e) CRN | |
|----------|---|----------|----------------|---|------------|-----|
| a | Nontaxable use | | .243 | | | 360 |
| b | Use on a farm for farming purposes | | .243 | | | 360 |
| c | Use in trains | | .243 | | | 353 |
| d | Use in certain intercity and local buses (see Caution above line 1) | | .17 | | | 350 |
| e | Exported | | .244 | | | 413 |

Form 8849 - Test 1

4 - Nontaxable Use of Undyed Kerosene (Other Than Kerosene Used in Aviation)

Exception. If any of the kerosene included in this claim did contain visible evidence of dye, attach a detailed explanation and check here

| | (a) Type of use | (b) Rate | (c) Gallons | (d) Amount of refund Multiply col. (b) by col. (c) | (e) CRN |
|----------|---|-------------|-------------|--|---------|
| a | Nontaxable use taxed at \$.244 | .243 | | | 346 |
| b | Use on a farm for farming purposes | .243 | | | 346 |
| c | Use in certain intercity and local buses (see Caution above line 1) | .17 | | | 347 |
| d | Exported | .244 | | | 414 |
| e | Nontaxable use taxed at \$.044 | .043 | | | 377 |
| f | Nontaxable used taxed at \$.219 | .218 | | | 369 |

5 - Kerosene Used in Aviation

| | (a) Type of use | (b) Rate | (c) Gallons | (d) Amount of refund Multiply col. (b) by col. (c) | (e) CRN |
|----------|---|-------------|--------------|--|------------|
| a | Kerosene used in commercial aviation (other than foreign trade) taxed at \$.244 | .200 | 79831 | 15966.20 | 417 |
| b | Kerosene used in commercial aviation (other than foreign trade) taxed at \$.219 | .175 | | | 355 |
| c | Nontaxable use (other than use by state or local government) taxed at \$.244 | .243 | | | 346 |
| d | Nontaxable use (other than use by state or local government) taxed at \$.219 | .218 | | | 369 |
| e | LUST tax on aviation fuels used in foreign trade | .001 | | | 433 |

6 - Nontaxable Use of Alternative Fuel

| | (a) Type of use | (b) Rate | (c) Gallons | (d) Amount of refund Multiply col. (b) by col. (c) | (e) CRN |
|----------|---|-------------|-------------|--|------------|
| a | Liquefied petroleum gas (LPG) | .183 | | | 419 |
| b | "P Series" fuels | .183 | | | 420 |
| c | Compressed natural gas (CNG) (GGE=126.67 cu. ft.) | .183 | | | 421 |
| d | Liquefied hydrogen | .183 | | | 422 |

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| | (a) Type of use | (b) Rate | (c) Gallons | (d) Amount of refund Multiply col. (b) by col. (c) | (e) CRN |
|----------|--|-------------|-------------|---|------------|
| e | Any liquid fuel derived from coal (including peat) through the Fischer-Tropsch process | .243 | | | 423 |
| f | Liquid fuel derived from biomass | .243 | | | 424 |
| g | Liquefied natural gas (LNG) | .243 | | | 425 |
| h | Liquefied gas derived from biomass | .183 | | | 435 |

7 - Nontaxable Use of a Diesel-Water Fuel Emulsion

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

8 - Exported Dyed Fuel and Gasoline Blendstocks

| | (a) Type of use | (b) Rate | (c) Gallons | (d) Amount of refund Multiply col. (b) by col. (c) | (e) CRN |
|----------|---|-------------|-------------|---|------------|
| a | Exported dyed diesel fuel and exported gasoline blendstocks taxed at \$.001 | .001 | | | 415 |
| b | Exported dyed kerosene | .001 | | | 416 |

Form 8849 - Test 2

Form 8849 with Schedule 2 - Test #2

Originator

EFIN – as assigned

Type -

PractitionerPin

EFIN – as assigned

PIN

PinEnteredBy – n/a

SignatureOption – PIN Number

ReturnType - 8849

TYEndMonth –12

Filer

EIN - 111000006

Name – DSSN Self Services

NameControl - DSSN

USAddress – 2601 Yellow Road Moberly MO 65270

Officer

Name – James R Riley

Title - President

Phone – 6662632121

EmailAddress -

DateSigned – self select

TaxpayerPin – self select

Preparer

Name – Thomas Doe

SSN or PTIN – 000000009

Phone -6662632222

EmailAddress -

DatePrepared –self select

SelfEmployed – Y

TaxYear –2013

binaryAttachmentCount - 0

Form 8849 - Test 2

Form 8849 with Schedule 2 - Test #2

Form 8849

| | | |
|--|---|----------------|
| Form 8849 with Schedule 2 - Test #2 | Claim for Refund of Excise Taxes | TY 2013 |
|--|---|----------------|

| | |
|---------------------------------|--------------------|
| Name: | DSSN Self Services |
| Taxpayer identification number: | 111000006 |
| Number, street, and room: | 2601 Yellow Road |
| City or town, State, Zip code: | Moberly MO 65270 |

| | | |
|------------|---|-------------------------------------|
| Schedule 1 | Nontaxable Use of Fuels | <input type="checkbox"/> |
| Schedule 2 | Sales by Registered Ultimate Vendors | <input checked="" type="checkbox"/> |
| Schedule 3 | Certain Fuel Mixtures and the Alternative Fuel Credit | <input type="checkbox"/> |
| Schedule 5 | Section 4081(e) Claims | <input type="checkbox"/> |
| Schedule 6 | Other Claims | <input type="checkbox"/> |
| Schedule 8 | Registered Credit Card Issuers | <input type="checkbox"/> |

Form 8849 - Test 2

Schedule 2, Form 8849

| | | |
|-----------------------------------|--------------------------------------|---------|
| Form 8849 Schedule 2 - Test #2 | Sales by Registered Ultimate Vendors | TY 2013 |
|-----------------------------------|--------------------------------------|---------|

| | |
|---------------------------------|--------------------|
| Name: | DSSN Self Services |
| Taxpayer identification number: | 111000006 |
| Number, street, and room: | 2601 Yellow Road |
| City or town, State, Zip code: | Moberly MO 65270 |

Total refund (see instructions) 4,857.78

Period of claim: Enter month, day, and year in MMDDYYYY format. **From** **To**
01012013 *12312013*

Claimant's registration no.

| | | |
|-----------|---------------------|--|
| UV | 4321451598UV | Complete for lines 1a, 2a, 4a, 4b, 5a, and 5b. Also complete for lines 3d and 3e, type of use 14. Note: UV claimant must complete line 6 or 7 on page 3. |
| UB | 4321451598UB | Complete for lines 1b and 2c. |
| UP | 4321451598UP | Complete for line 2b. |
| UA | 4321451598UA | Complete for line 3. See UV for lines 3d and 3e, type of use 14. |

1 Sales by Registered Ultimate Vendors of Undyed Diesel Fuel

| | | (a) Rate | (b) Gallons | (c) Amount of refund Multiply col. (a) by col. (b) | (d) CRN |
|----------|--|----------|----------------|--|------------|
| a | Use by a state or local government | .243 | 240 | 58.32 | 360 |
| b | Use in certain intercity and local buses | .17 | 1764 | 299.88 | 350 |

Form 8849 - Test 2

2 Sales by Registered Ultimate Vendors of Undyed Kerosene (Other Than Kerosene For Use in Aviation)

| | (a) Rate | (b) Gallons | (c) Amount of refund Multiply col. (a) by col. (b) | (d) CRN |
|---|----------|-------------|---|---------|
| a Use by a state or local government | .243 | 2057 | 499.85 | 346 |
| b Sales from a blocked pump | .243 | 4115 | 999.94 | 346 |
| c Use in certain intercity and local buses | .17 | | | 347 |

3 Sales by Registered Ultimate Vendors of Kerosene for Use in Aviation

| | Type of Use | (a) Rate | (b) Gallons | (c) Amount of refund Multiply col. (a) by col. (b) | (d) CRN |
|----------|---|----------|-------------|---|---------|
| a | Use in commercial aviation (other than foreign trade) taxed at \$.219 | \$.175 | 5714 | 999.95 | 355 |
| b | Use in commercial aviation (other than foreign trade) taxed at \$.244 | .200 | | | 417 |
| c | Nonexempt use in noncommercial aviation | .025 | | | 418 |
| d | Other nontaxable uses taxed at \$.244 | .243 | | | 346 |
| e | Other nontaxable uses taxed at \$.219 | .218 | | | 369 |
| f | LUST tax on aviation fuels used in foreign trade | .001 | | | 433 |

4 Sales by Registered Ultimate Vendors of Gasoline

| | (a) Rate | (b) Gallons | (c) Amount of refund Multiply col. (a) by col. (b) | (d) CRN |
|--|----------|-------------|---|---------|
| a Use by a nonprofit educational organization | .183 | 5464 | 999.91 | 362 |
| b Use by a state or local government | .183 | | | 362 |

5 Sales by Registered Ultimate Vendors of Aviation Gasoline

| | (a) Rate | (b) Gallons | (c) Amount of refund Multiply col. (a) by col. (b) | (d) CRN |
|--|----------|-------------|---|---------|
| a Use by a nonprofit educational organization | \$.193 | 5181 | 999.93 | 324 |
| b Use by a state or local government | \$.193 | | | 324 |

Form 8849 - Test 2

6 Government Unit Information

| Taxpayer Identification No. | Name | Gallons |
|-----------------------------|---------------------------|------------|
| <i>111000006</i> | <i>Dally Self Service</i> | <i>120</i> |

7 Nonprofit Educational Organization and Government Unit Information

| Taxpayer Identification No. | Name | Gallons |
|-----------------------------|---------------------------|------------|
| <i>111000006</i> | <i>Dally Self Service</i> | <i>120</i> |

Form 8849 - Test 3

Form 8849 with Schedule 3 - Test 3

Originator

EFIN – as assigned

Type -

PractitionerPin

EFIN – as assigned

PIN

PinEnteredBy – n/a

SignatureOption – Binary attachment 8453-EX

ReturnType - 8849

TYEndMonth – 02

Filer

EIN - 111000007

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 – 000000010

Phone -7853462222

EmailAddress -

DatePrepared –self select

SelfEmployed – Y

TaxYear – 2013

binaryAttachmentCount - 2

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

Model Certificate O (See below.)

Form 8849 - Test 3

Form 8849 - Test #3

| | | |
|---|---|----------------|
| Form 8849 with Schedule 3 - Test 3 | Claim for Refund of Excise Taxes | TY 2013 |
|---|---|----------------|

| | |
|---------------------------------|-----------------------|
| Name: | EFAN Fuel Association |
| Taxpayer identification number: | 111000007 |
| Number, street, and room: | 2403 Purple Avenue |
| City or town, State, Zip code: | Osborne KS 67473 |

| | | |
|------------|---|-------------------------------------|
| Schedule 1 | Nontaxable Use of Fuels | <input type="checkbox"/> |
| Schedule 2 | Sales by Registered Ultimate Vendors | <input type="checkbox"/> |
| Schedule 3 | Certain Fuel Mixtures and the Alternative Fuel Credit | <input checked="" type="checkbox"/> |
| Schedule 5 | Section 4081(e) Claims | <input type="checkbox"/> |
| Schedule 6 | Other Claims | <input type="checkbox"/> |
| Schedule 8 | Registered Credit Card Issuers | <input type="checkbox"/> |

Form 8849 - Test 3

Form 8849 Schedule 3 - Certain Fuel Mixtures and the Alternative Fuel Credit

| | | |
|-----------------------------------|---|---------|
| Form 8849 Schedule 3 - Test #3 | Certain Fuel Mixtures and the Alternative Fuel Credit | TY 2013 |
|-----------------------------------|---|---------|

| | |
|---------------------------------|-----------------------|
| Name: | EFAN Fuel Association |
| Taxpayer identification number: | 111000007 |
| Number, street, and room: | 2403 Purple Avenue |
| City or town, State, Zip code: | Osborne KS 67473 |

Total refund (see instructions) **1,183.00**

Claimant's registration no. **613342241 M, UV**

Period of claim: Enter month, day, and year in MMDDYYYY format. **From** **To**
02012013 **02282013**

1 Reserved

| | (a) Rate | (b) Gallons | (c) Amount of refund Multiply col. (a) by col. (b) | (d) CRN |
|-------------------|----------|-------------|---|------------|
| a Reserved | | | | |
| b Reserved | | | | |

2 Biodiesel or Renewable Diesel Mixture Credit

| | (a) Rate | (b) Gallons | (c) Amount of refund Multiply col. (a) by col. (b) | (d) CRN |
|---|----------|-------------|---|------------|
| a Biodiesel (other than agri-biodiesel) mixtures | 1.00 | 623 | 623.00 | 388 |
| b Agri-biodiesel mixtures | 1.00 | | | 390 |
| c Renewable diesel mixtures | 1.00 | | | 307 |

Form 8849 - Test 3

3 Alternative Fuel Credit and Alternative Fuel Mixture Credit

| | (a) Rate | (b) Gallons or gasoline gallon equivalents (GGE) | (c) Amount of refund Multiply col. (a) by col. (b) | (d) CRN |
|----------|--|--|--|---------------|
| a | Liquefied petroleum gas (LPG) | .50 | | 426 |
| b | "P Series" fuels | .50 | | 427 |
| c | Compressed natural gas (CNG)(GGE = 121 cu. ft.) | .50 | | 428 |
| d | Liquefied hydrogen | .50 | | 429 |
| e | Any liquid fuel derived from coal (including peat) through the Fischer-Tropsch process | .50 | | 430 |
| f | Liquid fuel derived from biomass | .50 | | 431 |
| g | Liquefied natural gas (LNG) | .50 | | 432 |
| h | Liquefied gas derived from biomass | .50 | 1120 | 560.00 |
| i | Compressed gas derived from biomass (GCE = 121 cu. ft.) | .50 | | 437 |

Use the following certificate for the line 2 entry.

Model Certificate O

CERTIFICATE FOR BIODIESEL

Certificate Identification Number: __

(To support a claim related to biodiesel or a biodiesel mixture under section 6426 of the Internal Revenue Code.)

The undersigned biodiesel producer (*Producer*) hereby certifies the following under penalties of perjury:

1. Producer certifies that the biodiesel to which this certificate relates is monoalkyl esters of chain fatty acids derived from plant or animal matter that meets the requirements of the American Society of Testing and Materials D6751 and the registration requirements and fuel additives established by EPA under Section 211 of the Clean Air Act (42 U.S.C. Section 7545).

Producer certifies that the biodiesel to which this certificate relates is 1% biodiesel (other than agri-biodiesel). This certificate applies to 623 gallons of Biodiesel produced and used by the producer in the course of his trade or business.

Producer understands that fraudulent use of this certificate may subject producer, claimant, and parties making such fraudulent use of this certificate to a fine or imprisonment, or both, together with the costs of prosecution.

Producer's name, address, and employer identification number (EIN)

Form 8849 - Test 3

EFAN Fuel Association, 2403 Purple Ave, Osborne, KS 67473 11-1000007

2. ___

Name, address, and EIN of person buying the biodiesel from Producer

3. ___

Date and location of sale to buyer

4. This certificate applies to ___gallons of biodiesel.

5. Producer certifies that the biodiesel to which this certificate relates is:

___% Agri-biodiesel (derived solely from virgin oils)

___% Biodiesel other than agri-biodiesel

This certificate applies to the following sale:

___ Invoice or delivery ticket number

___ Total number of gallons of biodiesel sold under that invoice or delivery ticket number (including biodiesel not covered by this certificate)

___ Total number of certificates issued for that invoice or delivery ticket number

6. ___

Name, address, and employer identification number of reseller to whom certificate is issued (only in the case of certificates reissued to a reseller after the return of the original certificate)

7. ___ Original Certificate Identification Number (only in the case of certificates reissued to a reseller after return of the original certificate).

Producer is registered as a biodiesel producer with registration number ___.
Producer's registration has not been suspended or revoked by the Internal Revenue Service.

Producer certifies that the biodiesel to which this certificate relates in monoalkyl esters of long chain fatty acids derived from plant or animal matter that meets the requirements of the American Society of Testing and Materials D6751 and the registration requirements for fuels and fuel additives established by EPA under section 211 of the Clean Air Act (42 U.S.C. 7545).

Producer understands that the fraudulent use of this certificate may subject Producer and all parties making any fraudulent use of this certificate to a fine or

Form 8849 - Test 3

imprisonment, or both, together with the costs of prosecution.

—

Printed or typed name of person signing this certificate

James R. Cook

Title of person signing

President

Signature and date signed

Form 8849 - Test 4

Form 8849 with Schedule 5 - Test 4

Originator

EFIN – as assigned

Type -

PractitionerPin

EFIN – as assigned

PIN

PinEnteredBy – n/a

SignatureOption – PIN Number

ReturnType - 8849

TYEndMonth –12

Filer

EIN - 111000010

Name – WBCN Boat Company

NameControl - WBCN

USAddress – 1212 Blue Street North Beach MD 20714

Officer

Name – William R Smith

Title - President

Phone – 4102572121

EmailAddress -

DateSigned – self select

TaxpayerPin – self select

Preparer

Name – Thomas Doe

SSN or PTIN – 000000011

Phone -4102572222

EmailAddress -

DatePepared –self select

SelfEmployed – Y

TaxYear – 2013 binaryAttachmentCount - 0

Form 8849 - Test 4

Form 8849 Schedule 5 - Test #4

| | | |
|---|---|----------------|
| Form 8849 with Schedule 5 - Test 4 | Claim for Refund of Excise Taxes | TY 2013 |
|---|---|----------------|

| | |
|---------------------------------|----------------------|
| Name: | WBCN Boat Company |
| Taxpayer identification number: | 111000010 |
| Number, street, and room: | 1212 Blue Street |
| City or town, State, Zip code: | North Beach MD 20714 |

| | | |
|------------|---|-------------------------------------|
| Schedule 1 | Nontaxable Use of Fuels | <input type="checkbox"/> |
| Schedule 2 | Sales by Registered Ultimate Vendors | <input type="checkbox"/> |
| Schedule 3 | Certain Fuel Mixtures and the Alternative Fuel Credit | <input type="checkbox"/> |
| Schedule 5 | Section 4081(e) Claims | <input checked="" type="checkbox"/> |
| Schedule 6 | Other Claims | <input type="checkbox"/> |
| Schedule 8 | Registered Credit Card Issuers | <input type="checkbox"/> |

Form 8849 - Test 4

Schedule 5, Form 8849 - Section 4081(e)

| | | |
|-----------------------------------|-------------------------|---------|
| Form 8849 Schedule 5 - Test #4 | Section 4081(e) Claimss | TY 2013 |
|-----------------------------------|-------------------------|---------|

| | |
|---------------------------------|----------------------|
| Name: | WBCN Boat Company |
| Taxpayer identification number: | 111000010 |
| Number, street, and room: | 1212 Blue Street |
| City or town, State, Zip code: | North Beach MD 20714 |

Total refund (see instructions) 1657.00

Claimant's registration no. 613342241 M

Part I Claim for Refund of Second Tax.

| Type of Fuel | (a) Amount of refund | (b) CRN |
|---|-------------------------|------------|
| 1 Gasoline | 1657.00 | 362 |
| 2 Aviation gasoline | | 324 |
| 3 Diesel fuel | | 360 |
| 4 Kerosene | | 346 |
| 5 Diesel-water fuel emulsion | | 309 |
| 6 Dyed diesel fuel, dyed kerosene, and other exempt removals | | 303 |
| 7 Kerosene for use in aviation | | 369 |
| 8 Kerosene for use in commercial aviation (other than foreign trade) | | 355 |

Part II Supporting Information Required

| (c) Type of fuel Enter line number from Part I. | (d) Date second tax liability incurred Use MMDDYYYY format. | (e) Gallons of fuel claimed | (f) Amount of second tax paid |
|--|--|--------------------------------|----------------------------------|
| 1 | 06092013 | 10000 | 1657.00 |

Form 8849 - Test 4

| (c) Type of fuel Enter line number from Part I. | (d) Date second tax liability incurred Use MMDDYYYY format. | (e) Gallons of fuel claimed | (f) Amount of second tax paid |
|--|--|--------------------------------|----------------------------------|
|--|--|--------------------------------|----------------------------------|

Form 8849 - Test 5

Form 8849 with Schedule 6 - Test 5

Originator

EFIN – as assigned

Type -

PractitionerPin

EFIN – as assigned

PIN

PinEnteredBy – n/a

SignatureOption –PIN Number

ReturnType - 8849

TYEndMonth – 08

Filer

EIN - 111000008

Name – FSIN Services INC

NameControl - FSIN

USAddress – 3509 Orange Lane Glen Allan MS 38744

Officer

Name – Phil P Way

Title - President

Phone – 6628732121

EmailAddress -

DateSigned – self select

TaxpayerPin – self select

Preparer

Name – Thomas Doe

SSN or PTIN – 000000012

Phone -6628732444

EmailAddress -

DatePepared –self select

SelfEmployed – Y

TaxYear – 2013

binaryAttachmentCount - 0

Form 8849 - Test 5

Form 8849 (with Schedule 6) - Test #5

| | | |
|---|---|----------------|
| Form 8849 with Schedule 6 - Test 5 | Claim for Refund of Excise Taxes | TY 2013 |
|---|---|----------------|

| | |
|---------------------------------|---------------------|
| Name: | FSIN Services INC |
| Taxpayer identification number: | 111000008 |
| Number, street, and room: | 3509 Orange Lane |
| City or town, State, Zip code: | Glen Allan MS 38744 |

| | | |
|------------|---|-------------------------------------|
| Schedule 1 | Nontaxable Use of Fuels | <input type="checkbox"/> |
| Schedule 2 | Sales by Registered Ultimate Vendors | <input type="checkbox"/> |
| Schedule 3 | Certain Fuel Mixtures and the Alternative Fuel Credit | <input type="checkbox"/> |
| Schedule 5 | Section 4081(e) Claims | <input type="checkbox"/> |
| Schedule 6 | Other Claims | <input checked="" type="checkbox"/> |
| Schedule 8 | Registered Credit Card Issuers | <input type="checkbox"/> |

Form 8849 - Test 5

Schedule 6, Form 8849 - Other Claims

| | | |
|-----------------------------------|--------------|---------|
| Form 8849 Schedule 6 - Test #5 | Other Claims | TY 2013 |
|-----------------------------------|--------------|---------|

| | |
|---------------------------------|---------------------|
| Name: | FSIN Services INC |
| Taxpayer identification number: | 111000008 |
| Number, street, and room: | 3509 Orange Lane |
| City or town, State, Zip code: | Glen Allan MS 38744 |

Total refund (total of lines 1–5) 91.67

| | | |
|---|----------------------|--------------------|
| Enter the earliest and latest dates of the events included in this claim. Enter in MMDDYYYY format | Earliest date | Latest date |
| | <i>05012013</i> | <i>06302013</i> |

| | | Tax | Amount of refund | CRN |
|----------|--------------|-------------------|-------------------------|------------|
| 1 | <i>F2290</i> | 1FUPBDB6PR5537422 | <i>91.67</i> | <i>365</i> |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |

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

FSIN Services INC
EIN: 111000008
VIN: 1FUPBDB6PR5537422
 Truck was stolen 5-1-2013.
 Category V \$91.67

Form 8849 - Test 6

Form 8849 with Schedule 8 - Test 6

Originator

EFIN – as assigned

Type -

PractitionerPin

EFIN – as assigned

PIN

PinEnteredBy – n/a

SignatureOption –PIN NumberReturnType - 8849

TYEndMonth -12

Filer

EIN - 111000009

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 -

DatePepered –self select

SelfEmployed – Y

TaxYear – 2013

binaryAttachmentCount - 0

Form 8849 - Test 6

Form 8849 (with Schedule 8) - Test #6

| | | |
|---|---|----------------|
| Form 8849 with Schedule 8 - Test 6 | Claim for Refund of Excise Taxes | TY 2013 |
|---|---|----------------|

| | |
|---------------------------------|---------------------|
| Name: | SOCN Oil Company |
| Taxpayer identification number: | 111000009 |
| Number, street, and room: | 5703 Red Oak Street |
| City or town, State, Zip code: | Lander WY 82520 |

| | | |
|------------|---|-------------------------------------|
| Schedule 1 | Nontaxable Use of Fuels | <input type="checkbox"/> |
| Schedule 2 | Sales by Registered Ultimate Vendors | <input type="checkbox"/> |
| Schedule 3 | Certain Fuel Mixtures and the Alternative Fuel Credit | <input type="checkbox"/> |
| Schedule 5 | Section 4081(e) Claims | <input type="checkbox"/> |
| Schedule 6 | Other Claims | <input type="checkbox"/> |
| Schedule 8 | Registered Credit Card Issuers | <input checked="" type="checkbox"/> |

Form 8849 - Test 6

Schedule 8, Form 8849 - Registered Credit Card Issuers

| | | |
|-----------------------------------|--------------------------------|---------|
| Form 8849 Schedule 8 - Test #6 | Registered Credit Card Issuers | TY 2013 |
|-----------------------------------|--------------------------------|---------|

| | |
|---------------------------------|---------------------|
| Name: | SOCN Oil Company |
| Taxpayer identification number: | 111000009 |
| Number, street, and room: | 5703 Red Oak Street |
| City or town, State, Zip code: | Lander WY 82520 |

Total refund (see instructions) **629.88**

Claimant's registration no. CC **234-002851**

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

10012013 *12012013*

1 Sales of Undyed Diesel Fuel

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

Form 8849 - Test 6

3 Sales of Kerosene for Use in Aviation

| | (a) Rate | (b) Gallons | (c) Amount of refund Multiply col. (a) by col. (b) | (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 Multiply col. (a) by col. (b) | (d) CRN |
|---|----------|----------------|--|------------|
| a Use by a nonprofit educational organization | \$.183 | 3442 | 629.88 | 362 |
| b Use by a state or local government | .183 | | | 362 |

5 Sales of Aviation Gasoline

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