

Form 8849 with Schedule 5 - Test 5

Originator

EFIN – as assigned

Type –

PractitionerPin

EFIN – as assigned

PIN

PinEnteredBy – n/a

SignatureOption – PIN Number

ReturnType – 8849

TYEndMonth –12

Filer

EIN - 001700010

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 – 2027

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

W B C N B O A T C O M P A N Y

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

1 2 1 2 B L U E S T

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

N O R T H B E A C H M D

Foreign country, if applicable. Do not abbreviate.

Daytime telephone number (optional)

Employer identification number (EIN)

0 0 1 7 0 0 0 1 0

Social security number (SSN)

ZIP or foreign postal code

2 0 7 1 4

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) and 6435 Claims	☒
Schedule 6	Other Claims	☐
Schedule 8	Registered Credit Card Issuers	☐
1a Total refund.		1a 1,220.00
b Reserved for future use		c Reserved for future use: ☐
d Reserved for future use		

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) WILLIAM R. SMITH, PRESIDENT Type or print your name below signature.		Date	
Paid Preparer Use Only	Preparer's name THOMAS DOE	Preparer's signature	Date	Check ☒ if self-employed PTIN 000000011
	Firm's name		Firm's EIN	
	Firm's address		Phone no. 4102572222	

(Rev. May 2026)
Department of the Treasury
Internal Revenue Service

Attach to Form 8849. **Do not** file with any other schedule.
Go to **www.irs.gov/Form8849** for instructions and the latest information.

OMB No. 1545-1420

Name as shown on Form 8849

EIN

001700010

Total claim (see instructions)	
--------------------------------	--

\$	1,220.00
----	----------

Claimant's registration number

613342241M

Claim for Refund or Payment of Tax. Caution: Section 4081(e) claims are made on Schedule 5 by the person that has filed Form 720 reporting and paying the tax claimed. Section 6435 claims are made on Schedule 5 by the person that has paid a section 4081 tax on diesel fuel or kerosene and removed from an approved terminal the diesel fuel or kerosene, which was dyed under section 4082(a).

Type of fuel	(a) Amount of claim	(b) CRN
1 Gasoline		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 (for section 4081(e) claims)		303
7 Kerosene for use in aviation		369
8 Kerosene for use in commercial aviation (other than foreign trade)		355
9 Dyed diesel fuel (for section 6435 claims)	1,220.00	472
10 Dyed kerosene (for section 6435 claims)		473

Caution: Check only one per Schedule. See instructions for more information on making both section 4081(e) and 6435 claims.

☐ Section 4081(e) claims (complete Part II) ☒ Section 6435 claims (complete Part III)

Supporting Information Required for Section 4081(e) Claims. See instructions. If more space is needed, attach separate sheets.

Claimant certifies that the amount of the second tax has not been included in the price of the fuel, and has not been collected from the purchaser. Claimant has attached a copy of the First Taxpayer's Report, and if applicable, a copy of the Statement of Subsequent Seller.

[illegible]

Part III

Supporting Information Required for Section 6435 Claims. See instructions. If more space is needed, attach separate sheets.

Claimant has attached a copy of the Section 6435 Taxpayer’s Report.

(g) Type of fuel Enter line number from Part I.	(h) Date of removal of dyed fuel Use MMDDYYYY format.	(i) Gallons of fuel claimed	(j) Amount of prior tax paid
9	02/10/2027	5,000	1,220.00