# Form 8849 with Schedule 8 - Test 6

Orignator
- 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 - 2027
binaryAttachmentCount - 0

Form **8849**
(Rev. May 2026)
Department of the Treasury
Internal Revenue Service

# 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: SOCN Oil Company

**Employer identification number (EIN):** 001900009

Address (number, street, room or suite no.): 5703 Red Oak Street

**Social security number (SSN):**

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

ZIP or foreign postal code: 82520

Foreign country, if applicable. Do not abbreviate.:

Month claimant's income tax year ends: 12

Daytime telephone number (optional): 3076662211

**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 629.89

**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) Date

Mary A. Cook
Type or print your name below signature.

**Paid Preparer Use Only**

| Preparer's name | Preparer's signature | Date | Check ☑ if self-employed | PTIN |
|---|---|---|---|---|
| James Doe | | | | 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

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

OMB No. 1545-1420

| 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 ▶** 10012027 **To ▶** 2312027

**Claimant's registration no. ▶** C C 234-002851 *You 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 *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 |

## 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 89 | 362 |
| **b** Use by a state or local government | .183 | | | |

## 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 | | | |