

## Form 8849 with Schedule 5 - Test 3

### 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 -

DatePrepared –self select

SelfEmployed – Y

TaxYear – 2021 binaryAttachmentCount - 0

**Form 8849 Schedule 5 - Test #3**

<b>Form 8849 with Schedule 5 - Test 3</b>	<b>Claim for Refund of Excise Taxes</b>	<b>TY 2021</b>
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Name:	WBCN Boat Company
Taxpayer identification number:	001700010
Number, street, and room:	1212 Blue Street
City or town, State, Zip code:	North Beach MD 20714

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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"/>

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**Schedule 5, Form 8849 - Section 4081(e)**

Form 8849 Schedule 5 - Test #3	Section 4081(e) Claims	TY 2021
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Name:	WBCN Boat Company
Taxpayer identification number:	001700010
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	0	324
3 Diesel fuel	0	360
4 Kerosene	0	346
5 Diesel-water fuel emulsion	0	309
6 Dyed diesel fuel, dyed kerosene, and other exempt removals	0	303
7 Kerosene for use in aviation	0	369
8 Kerosene for use in commercial aviation (other than foreign trade)	0	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
<i>1</i>	<i>06092021</i>	<i>10000</i>	<i>1657.00</i>