

## Form 8849 with Schedule 6 - Test 4

### Originator

EFIN – as assigned

Type -

PractitionerPin

EFIN – as assigned

PIN

PinEnteredBy – n/a

SignatureOption –PIN Number

ReturnType - 8849

TYEndMonth – 08

### Filer

EIN - 001800008

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 -

DatePepered –self select

SelfEmployed – Y

TaxYear – 2021

binaryAttachmentCount - 0

**Form 8849 (with Schedule 6) - Test #4**

|   |   |                |
|---|---|----------------|
| <b>Form 8849 with<br/>Schedule 6 - Test 4</b> | <b>Claim for Refund of Excise Taxes</b> | <b>TY 2021</b> |
|---|---|----------------|

|                                 |                     |
|---------------------------------|---------------------|
| Name:                           | FSIN Services INC   |
| Taxpayer identification number: | 001800008           |
| Number, street, and room:       | 3509 Orange Lane    |
| City or town, State, Zip code:  | Glen Allan MS 38744 |

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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 type="checkbox"/>            |
| Schedule 6 | Other Claims  | <input checked="" type="checkbox"/> |
| Schedule 8 | Registered Credit Card Issuers                        | <input type="checkbox"/>            |

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**Schedule 6, Form 8849 - Other Claims**

|                                   |              |         |
|-----------------------------------|--------------|---------|
| Form 8849 Schedule 6 -<br>Test #4 | Other Claims | TY 2021 |
|-----------------------------------|--------------|---------|

|                                 |                     |
|---------------------------------|---------------------|
| Name:                           | FSIN Services INC   |
| Taxpayer identification number: | 001800008           |
| Number, street, and room:       | 3509 Orange Lane    |
| City or town, State, Zip code:  | Glen Allan MS 38744 |

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**Total refund (total of lines 1–5) 91.67**

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|   |                      |                    |
|---|----------------------|--------------------|
| <b>Enter the earliest and latest dates of the events included in this claim. Enter in MMDDYYYY format</b> | <b>Earliest date</b> | <b>Latest date</b> |
|   | <i>05012021</i>      | <i>06302021</i>    |

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

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

FSIN Services INC  
**EIN:** 001800008  
**VIN:** 1FUPBDB6PR5537422  
 Truck was stolen 5-1-2021.  
 Category V \$91.67