

# **Modernized e-File Test Package for Excise Tax Returns**

**Form 720:** Quarterly Federal Excise Tax Return for Tax Year 2013  
**Form 2290:** Heavy Highway Vehicle Use Tax Return for Tax Year 2013 and;  
**Form 8849:** Claim for Refund of Excise Tax for Tax Year 2013



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## WHO MUST TEST?

All software developers are required to perform the tests in this Test Package before they can be accepted into the Modernized e-File (MeF) Program electronic filing program for the current processing year. Anyone who plans to transmit must perform a communications test and be accepted. Prior to testing, all software developers and transmitters must have obtained an Electronic Transmitter Identification Number (ETIN), Electronic Filer Identification Number (EFIN) and password through the application process. Refer to the Internal Revenue Service's (IRS) e-file Application and Participation (Publication 3112). For the On-Line application procedures refer to the [e-Services – Online Tools for Tax Professional](#) page located at irs.gov. This ETIN must be included in each message. The ETIN will be set to "Test" until the transmitter passes the required communication testing with the IRS at which time the ETIN will be moved to "Production" status. The transmitter may also request a Test ETIN, which can be used to continue testing once the original ETIN has been moved to "Production" status. If a transmitter has not revised their IRS *e-file* application to indicate they will be transmitting Excise Tax E-File and Compliance (ETEC) returns, their ETIN will not be valid and their submissions will be rejected. The transmission status (Test or Production) of the ETIN being used must match the Test/Production Indicator in the Message Header or the message will be rejected. The transmitter must also register the system(s) that will be used to conduct business through the MeF System to obtain a systemID. If a transmitter and system(s) are not registered, the transmitter cannot access MeF for Federal/State processing.

## WHY TEST?

The purpose of testing prior to live processing is to ensure that:

- Filers transmit in the correct format and meet the IRS' MeF electronic filing specifications;
- Returns have few validation or math errors;
- IRS can receive and process the electronic returns;
- Filers understand and are familiar with the mechanics of electronic filing.

Software developers are not required, but we strongly recommend that you use the Assurance Testing System (ATS) to retest when there are schema changes (minor and major).

## WHAT IS TESTED?

The test package for the ATS consists of 3 (three) return scenarios for Forms 720 and 2290 and 6 (six) for Form 8849.

Every conceivable condition cannot be represented in the Test; therefore, once you pass the tests, you may want to test any additional conditions you feel are appropriate as long as you use the predefined EINs, Name Controls, Tax Period and Form types as outlined in Exhibit 4. The scenarios provide the information needed to prepare the selected forms and schedules. You must correctly prepare and compute these returns before transmitting the tests. The IRS strongly recommends each return be run against a parser prior to being transmitted to the IRS. The IRS will run each return against a parser.

Below are some XML resources regarding XML schemas, software tools and parsers (these resources are provided for information only-the IRS is not endorsing any product) you may chose any third party parser toolkit or use your own.

- [W3C XML Home Page](#)
- [W3C XML Schema Home Page](#)
- [XML Spy](#)
- [Apache Xerces Parser Toolkit](#)
- [Download details: MSXML 4.0 Service Pack 2 \(Microsoft XML Core Services\)](#)

**Note:** The MeF's ATS is not configured exactly the same as the MeF Production system. Therefore, a tester should not expect the same response time when testing in the ATS environment versus the Production environment (especially regarding performance or load testing: this includes testing a single extremely large return in one transmission, a lot of large returns in one transmission, or a large number of concurrent transmissions).

## FORMATTING THE ENTITIES

The business entities presented in the test scenarios are shown in common usage with commas and periods. Refer to XML efile Types for proper formatting for the business name lines and addresses. No commas or periods are allowed.

Example:

Test Scenario  
Help For All, Inc.  
31 Any Street  
Anytown, MD 20901

XML Format

Help For All Inc (BusinessNameLine1Type)  
31 Any St (StreetAddressType)  
Anytown (CityType)  
MD (StateType)  
20901 (ZipCodeType)

## **POPULATING DATA IN THE TEST CASES**

We are not providing the forms in the tests in .pdf format. No entry fields are shaded. Do not enter zeroes in the fields where you have no entries unless the form or instructions specifically instruct you to do so.

## **PASSWORDS**

New or revised applicants who will be transmitting to the IRS will receive an eight-digit alphanumeric password that will be used for testing and production. This password will be mailed to the applicants with instructions on how to acknowledge receipt in order to activate. You will change your password when you log in for the first time after your password has been received. It will be valid at the beginning of ATS. If testing will be done through the Internet, applicants will choose their passwords during On-Line Registration.

## **WHEN TO TEST**

When you are ready to test call the e-Help Desk at **1-866-255-0654**. The e-Help Desk assistants will help you with all the necessary preparations to begin testing, including assigning you a Software Identification (ID) Number to use when submitting your returns.

## **TESTING GUIDELINES FOR SOFTWARE DEVELOPERS**

Your software does not have to provide for all forms or schedules, nor for all occurrences of a particular form or schedule. You must advise the e-Help Desk at **1-866-255-0654** of all limitations to your software package at the time of first contact, before testing begins. You must test the complete form with no field limitations except for the number of occurrences.

## **ELECTRONIC SIGNATURES**

Tax Professionals who file Forms 720, 2290 and 8849 have two (2) options of filing a totally paperless return for their clients using the PIN method or the scanned Excise Tax Declaration for an IRS *e-file* Return (Form 8453-EX) method. MeF validates that a signature is present for each return. If the taxpayer uses a PIN to sign the return, all appropriate PIN information must be present in the return header. If the taxpayer uses the Form 8453-EX method, the scanned 8453-EX must be attached to the return. If the electronic return does not contain the required signatures, it will be rejected.

Taxpayers who complete Form 2290, using commercially available software are allowed to sign the return by creating and entering a self-select PIN. Under this exception Form 8453-EX is signed, dated and retained by the taxpayer.

**Note:** This method is not available to taxpayers who utilize the services of an Electronic Return Originator (ERO).

- **Practitioner PIN**

The Practitioner PIN option can only be used if the taxpayer uses an ERO. It cannot be used if a taxpayer is filing through an On-Line Provider. If the signature option of “PIN Number” is chosen, the taxpayer and ERO will be required to sign the return with a PIN. The Practitioner PIN option consists of two (2) PINs:

**Taxpayer PIN** – The taxpayer chooses the PIN that they wish to use to sign their return. The Taxpayer’s PIN must be five (5) numeric characters and cannot contain all zeros; and

**Practitioner PIN** – The ERO selects an eleven position PIN to sign the return. The first six (6) positions of the Practitioner PIN will be made up of the EFIN of the ERO and the next five (5) positions will be made up of five (5) numeric characters that the ERO will select.

The taxpayer must decide whether they want to enter their own PIN or whether they authorize the ERO to enter the PIN they choose as their signature. This authorization is made on the IRS’ *e-file* Signature Authorization for Forms 720, 2290, and 8849 (Form 8879-EX). The following fields are required for the Practitioner PIN method or the return will be rejected:

- Practitioner PIN
- PIN Entered By Indicator
- Name of Officer
- Title of Officer
- Taxpayer PIN
- Date Signed

- **Scanned Form 8453-EX**

The scanned Form 8453-EX method must be used if the taxpayer decides not to use the Practitioner PIN method for signing the return. The Form 8453-EX will be completed and signed by all required parties and then scanned as a .pdf. The appropriate signature option of “Binary Attachment 8453-EX Signature Document” must be identified in the Return Header. If this option is chosen, the taxpayer and ERO (if applicable) must sign the paper 8453-EX. The signed Form 8453-EX must then be scanned into a .pdf document and inserted into the electronic return as a binary attachment. The binary attachment must be named “8453-EX Signature Document.”

## REVIEWING ACK FILES AND CORRECTING TESTS

You may transmit as many test returns as necessary until you receive no error messages. Any business rule violations must be corrected in order to pass ATS testing.

## FINAL TRANSMISSION

Once you receive no rejects, you will be required to transmit the returns in two (2) separate, same-day transmissions in order to test the ability of your software to increment the transmission ID number that appears in the transmission header. Form 720 should be transmitted with two (2) returns in one (1) transmission and one (1) return in the other same-day transmission. Form 2290 should be transmitted with two (2) returns in one (1) transmission and one (1) return in the other same-day transmission. Form 8849 should be transmitted with three (3) returns in each same-day transmission.

## COMMUNICATION TEST FOR THE e-file SYSTEM

IRS allows two (2) methods of transmission for ETEC MeF, Internet Filing Application (IFA), and Application to Application (A2A). If you are a Transmitter using accepted software, you must complete an error-free communications test with IFA or A2A. Transmitters, who have passed the communications test and want to continue to test, must request a test ETIN.

If you will be transmitting through the Internet, you will need to perform the communications test through the Internet.

If you will be transmitting through A2A, you will need to perform the communications test through A2A.

If you will be transmitting through all portals, Internet and A2A, communications tests must be performed through both systems.

**Note:** A Software Developer, who will not transmit, need not perform a communications test.

## USING YOUR OWN TEST

If you are a software developer, and have been notified that you have passed the ATS test, you may test with your own data using the same password and ETIN. If you are a transmitter you will need to get a new Test ETIN to continue testing, as your original ETIN will have been moved to "Production" status once you have passed the communications test. You will continue to use the same password. Call the e-Help Desk at **1-866-255-0654** using the Andover Service Center prompt to obtain a new Test ETIN. You must use the same taxpayer entity information (names and EINs) that is provided in the test package for your independent tests. **DO NOT** use any other EINs. See Exhibit 4 for the list of valid EINs and Name Controls.

## EXHIBITS

Click on the links below to access the listed data:

Exhibit 1 – [Standard Postal Service State Abbreviations and Zip Codes](#)  
(can be found under General Information link on the Modernized e-File (MeF) User Guides & Publications page at irs.gov)

Exhibit 2 – [Foreign Country Codes](#) (can be found under General Information at irs.gov)

[Exhibit 3 - Name Control Aid](#)

[Exhibit 4 – List of valid EINs and Name Controls](#)

[Exhibit 5 – Tax Year 2013 720 Test Scenarios](#)

[Exhibit 6 – Tax Year 2013 2290 Test Scenarios](#)

[Exhibit 7 – Tax Year 2013 8849 Test Scenarios](#)

## Exhibit 3 - Name Control Aid

### NAME CONTROL CONVENTIONS

Individual Name Controls		
Name Control Underlined	Name Control	Rule
Individual Names in General:		Individual Names in General:
Ralph <u>Teak</u> Dorothy <u>Willow</u> Joe <u>McCedar</u> Torn <u>MacDouglas</u> Joseph <u>MacTitus</u>	TEAK WILL MCCE MACD MACT	The Name Control consists of the first four characters of the primary taxpayer's last name.
Thomas A. <u>EI-Oak</u> Ann <u>O'Spruce</u> Mark <u>D'Magnolia</u>	EL-O OSPR DMAG	The hyphen (-) is the ONLY special character allowed in the Individual Name Control.
Dannette <u>B</u> James P. <u>AI</u> John A. <u>Fir</u>	B AI FIR	The Name Control must contain no more than four characters. However, it may contain less than four characters. <b>Note:</b> The first character must be an alpha followed by maximum of three blank positions
Daniel P. <u>Di Almond</u> Mary J. <u>Van Elm</u> Susan L. <u>Von Birch</u> Donald Vander <u>Oak</u>	DIAL VANE VONB OAK	Taxpayers with names such as "Van," "Von" and "Di" are considered as part of the Name Control. <b>Note:</b> See Asian-Pacific Names for exceptions to this rule.
Janet C. Redbud <u>Laurel</u> Dee (Plum) <u>Birch</u>	LAUR BIRC	When two last names are shown for an individual, derive the Name Control from the second last name of the primary taxpayer. <b>Note:</b> See Exceptions to this rule within Item 2., Hispanic Names
Joan <u>Hickory</u> -Hawthorn Dale <u>Redwood</u> -Cedar	HICK REDW	When two last names for an individual are connected by a hyphen, derive the Name Control from the first last name.
Dell <u>Ash</u> & Linda Birch Trey & Joan <u>Eucalyptus</u>	ASH EUCA	On a joint return, whether the taxpayers use the same or different last names, derive the Name Control from the PRIMARY taxpayer's last name. <b>Note:</b> The PRIMARY taxpayer is listed first on the tax form. Taxpayer listed on the second line is the secondary taxpayer.

Name Control Underlined	Name Control	Rule (in priority order)
Hispanic Names		Hispanic Names
Elena <u>del</u> Valle Eduardo <u>de la</u> Rosa Pablo <u>De</u> Martinex Miguel <u>de</u> Torres Juanita <u>de la</u> Fuente B. A. <u>De</u> Rodrigues M. D. <u>de</u> Garcia	DELV DELA DEMA DETO DELA DERO DEGA	When “del,” “de,” or “de la” appear with a Hispanic name, include it as part of the Name Control
Juan <u>Garza</u> Morales Maria <u>Lopez</u> y Moreno Sylvia <u>Juar</u> ez cle Garcia	GARZ LOPE JUAR	When two Hispanic last names are shown for an individual, derive the Name Control from the first last name. (See Note at the very top of the previous page) <b>Note:</b> This rule may not accurately identify all Hispanic last names, but it does provide consistency in IRS Hispanic Name Control.

Name Control Underlined	Name Control	Rule (in priority order)
Asian-Pacific Names		Asian-Pacific Names
Binh To <u>La</u>	LA	Some Asian-Pacific last names have only two letters.
Nam Quoc <u>Tran</u> & Thuy Thanh Vo	TRAN	Asian-Pacific females rarely change their last names due to marriage.
Dang Van <u>Le</u> Nhat Thi <u>Pham</u>	LE PHAM	When “Van” (male) or “Thi” (female) appear with an Asian-Pacific name, do not include it as part of the Name Control. <b>Note:</b> These are common Asian-Pacific middle names.
Kim Van <u>Nguyen</u> & Thi Tran	NGUY	The name “Nguyen” is a common last name used by both male and female taxpayers.
<u>Kwan</u> , Kim Van & Yue Le	KWAN	The last name may appear first on the name line. <b>Note:</b> On the signature line, the last name often appears first.
Yen-Yin <u>Chiu</u> Jin-Zhang <u>Qiu</u>	CHIU QIU	Asian-Pacific first names often include a hyphen (-). Rarely is an Asian-Pacific taxpayer’s <u>last name</u> hyphenated.

## Business Name Controls

### **Business Name Controls in General:**

- The Name Control consists of up to four alpha and/or numeric characters.
- The ampersand (&) and hyphen (-) are the only special characters allowed in the Name Control.
- The Name Control can have less, but no more than four characters. Blanks may be present only at the end of the Name Control.
- Note: Do not include “dba” or “fbo” as part of the Name Control. They stand for “doing business as” and “for benefit of”

### **Business Name Control Valid Characters:**

- Alpha (A-Z)
- Numeric (0-9)
- Hyphen (-)
- Ampersand (&)

### **Special Business Name Controls:**

- If an invalid character is used in the name line, drop the special character from the taxpayer’s name.  
Example: Jones.com should be Jones com. An example is 4U.com. The Name Control should be 4UCO.
- When the organization name contains the name of a corporation and both the words “Trust” and “Fund” are present, apply the corporate name control rules.
- If the organization name contains both “Trust” and “Fund” and an individual’s name, apply the trust name control rules.

Name Control Underlined	Name Control	Rule
<b>Sole Proprietorships</b>		<b>Sole Proprietorships (Individuals)</b>
Arthur P. <u>Aspen</u> , Attorney Jane <u>Hemlock</u> , The Pecan Café John and Mary <u>Redwood</u>	ASPE HEML REDW	The Name Control is the first four characters of the individual's last name.

Name Control Underlined	Name Control	Rule
<b>Estates</b>		<b>Estates</b>
Frank <u>Walnut</u> Estate Alan Beech, Exec. Estate of Jan <u>Poplar</u> Homer J. <u>Maple</u> Estate	WALN  POPL MAPL	The Name Control is the first four characters of the individual's last name. <b>Note:</b> The decedent's name may be followed by "Estate" on the name line.

Name Control Underlined	Name Control	Rule
<b>Partnerships</b>		<b>Partnerships</b>
<u>Redbud</u> Restaurant <u>Teak</u> Drywall Finishers Don Hickory, Gen. Ptr. Harold J. Almond & Thad J. Balsam et al Ptr. <u>Howard</u> Elder Development Co. W. P. Plum & H. N. Laurel DBA <u>P&amp;L Pump</u> Co <u>Almond</u> Group E. J. Fig, M. L. Maple, & R. T. Holly PTRS.	REDB TEAK  HOWA  P&LP ALMO	Derive the Name Control for partnership entities from the trade or business name of the partnership. <b>Note:</b> Specific instructions for name controlling partnerships for Form SS-4 are found in IRM 21.7.13.
The <u>Hemlock</u> Cup <u>The Hawthorn</u>	HEML THEH	Omit the word "The" when it is followed by more than one word. Include the word "The" when it is followed by only one word.
Bob <u>Oak</u> & Carol Hazel <u>Cedar</u> , Teak & PINE, Ptrs	OAK CEDA	If no trade or business name is present, derive the Name Control from the last name of the first listed partner following the general rules listed at the beginning of this document.

Name Control Underlined	Name Control	Rule
<b>Corporations</b>		<b>Corporations</b>
<u>Sumac</u> Field Plow Inc. <u>11th</u> Street Inc. <u>P&amp;P</u> Company <u>Y-Z</u> Drive Co. <u>ZZZ</u> Club <u>Palm</u> Catalpa Ltd. Fir <u>Fir H</u> Homeowners Assn.	SUMA 11TH P&PC Y-ZD ZZZC PALM FIRH	Derive the Name Control from the first four significant characters of the corporation name.

<b>Name Control Underlined</b>	<b>Name Control</b>	<b>Rule</b>
<b>Corporations</b>		<b>Corporations</b>
The <u>Willow</u> Co. <u>The Hawthorn</u>	WILL THEH	When determining a corporation Name Control, omit "The" when it is followed by more than one word. Include the word "The" when it is followed by only one word.
<u>John</u> Hackberry PA <u>Sam S</u> ycamore SC <u>Carl</u> Eucalyptus M.D. P.A.	JOHN SAMS CARL	If an individual name contains any of the following abbreviations, treat it as the business name of the corporation: PC – Professional Corporation SC – Small Corporation PA – Professional Association PS – Professional Service
The <u>Joseph</u> Holly Foundation <u>Kathryn</u> Fir Memorial Fdn.	JOSE KATH	Apply corporate Name Control rules when the organization name contains "Fund," "Foundation" or "Fdn"
<u>City</u> of Fort Hickory Board of Commissioners <u>Walnut</u> County Employees Association <u>Rho Alpha</u> Chapter Alpha Tau Fraternity <u>House</u> Assn. Of Beta XI Chapter of Omicron Delta Kappa	CITY WALN RHOA HOUS	Apply the corporate Name Control rules to local governmental organizations and to chapter names of national fraternal organizations.

<b>Name Control Underlined</b>	<b>Name Control</b>	<b>Rule</b>
<b>Trusts and Fiduciaries</b>		<b>Trusts and Fiduciaries</b>
Jan <u>Fir</u> Trust FBO Patrick Redwood Chestnut Bank TTEE Donald C. <u>Beech</u> Trust FBO Mary, Karen & Michael Redbud Testamentary Trust U/W Margaret <u>Balsam</u> Cynthia Fit & Laura Fir Richard L. <u>Aster</u> Charitable Remainder Unitrust	FIR BEEC BALS ASTE	Derive the Name Control from the name of the trust using the following order of selection: If only an individual is listed, use the first four characters of the last name following the general rules mentioned at the beginning of this document. <b>Note:</b> Never include any part of the word "trust" in the Name Control.
<u>Magnolia</u> Association Charitable Lead Trust <u>Cedar</u> Corp. Employee Benefit Trust <u>Maple</u> -Birch Endowment Trust John J. Willow, Trustee	MAGN CEDA MAPL	When a corporation is listed, use the first four characters of the corporation name.
Trust No. <u>12190</u> FBO Margaret Laurel ABCD Trust No. 00 <u>1036</u> Elm Bank TTEE 00 <u>20</u> , <u>GNMA</u> POOL <u>GNMA</u> Pool No. 00 <u>100B</u>	1219 1036 20GN 100G	For numbered trusts and GNMA Pools, use the first four digits of the trust number, disregarding any leading zeros and/or trailing alphas. If there are fewer than four numbers, use the letters "GNMA" to complete the Name Control.

Name Control Underlined	Name Control	Rule
<b>Trusts and Fiduciaries</b>		<b>Trusts and Fiduciaries</b>
Testamentary Trust Edward <u>Buckeye</u> TTEE Trust FBO Eugene <u>Eucalyptus</u> Trust FBO The <u>Dogwood</u> Blossom Society Michael <u>Teak</u> Clifford Trust	BUCK EUCA DOGW  TEAK	If none of the above information is present, use the first four characters of the last name of the trustee (TTEE) or beneficiary (FBO) following the rules at the beginning of this document. <b>Note:</b> "Clifford Trust" is the name of a type of trust.

Name Control Underlined	Name Control	Rule
<b>Other Organizations</b>		<b>Other Organizations</b>
<u>P</u> arent Teachers <u>A</u> ssociation of San Francisco <u>P</u> arent Teachers <u>A</u> ssociation Congress of <u>G</u> eorgia	PTAC  PTAG	Derive the Name Control of a Parent Teachers Association from the abbreviation "PTA". The Name Control is "PTA." plus the first letter of the state where the PTA is located. Use the first letter of the state, whether or not the state name is present as a part of the name of the organization.
Local 210 <u>I</u> nternational Birch Assn. <u>V</u> FW Post 3120 <u>L</u> aborer's Union, AFL-CIO Tau Delta Chapter of <u>A</u> lpha Phi <u>B</u> enevolent & Protective Order of Elks (B. P. O. E.)	INTE VETE LABO ALPH BENE	Derive the Name Control from the first four characters of the national title. <b>Note:</b> "VFW" is a common abbreviation for "Veterans of Foreign Wars".
<u>A.I. S.D.</u> <u>R.S.V.P.</u> Post No. 245	AISD RSVP	If the return has an abbreviated first name other than "PTA" and "VFW," the Name Control is the first four characters of the abbreviated name.
Barbara J. Yucca <u>YY</u> Grain Inc.	YYGR	When an individual name and corporate name appear, the Name Control is the first four letters of the corporate name.
Diocese of Kansas City <u>St. Rose</u> Hospital <u>St. Joseph's</u> Church Diocese of Cypress <u>St. Bernard's</u> Methodist Church Bldg. Fund	STRO STJO  STBE	For churches and their subordinates (i.e., nursing homes, hospitals), derive the Name Control from the legal name of the church.

Name Control Underlined	Name Control	Rule
<b>Exempt Organizations</b>		<b>Exempt Organizations</b>
Friends of <u>Jane</u> Doe Committee to Elect <u>John</u> Smith	JANE JOHN	Use these examples for determining the Name Control for Political Organizations.
<u>Smith</u> for State Representative <u>Linda</u> Jones for Congress Citizen for <u>John</u> Harold	SMIT LIND JOHN	

## Exhibit 4 – List of valid EINs and Name Controls

Form Name	Control	EIN	Tax Year End Month
8849 Sch 1 Test 1	ESIN	00-1700005	12
8849 Sch 2 Test 2	DSSN	00-1800006	12
8849 Sch 3 Test 3	EFAN	00-1900007	02
8849 Sch 5 Test 4	WBCN	00-1700010	12
8849 Sch 6 Test 5	FSIN	00-1800008	08
8849 Sch 8 Test 6	SOCN	00-1900009	12

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Form Name	Control	EIN	Quarter End Date
720-6197 Test 1	SGCN	00-1100002	03/2013
720-6197 Test 2	RRCN	00-1200003	03/2013
720-6627 Test 3	WCSM	00-1300001	03/2013

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Form Name	Control	EIN	Tax Period Begin Date
2290 Sch 1 Test 1	SGFN	00-1400004	07/2013
2290 Sch 1 Test 2	PMSN	00-1500011	07/2013
2290 Sch 1 Test 3	BSCN	00-1600012	07/2013

Form 720 – Test Scenarios

**Exhibit 5 – Tax Year 2013 Form 720 Test Scenarios**

# Form 720 – Test Scenarios

## ***F720 Test 1***

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### Originator

EFIN – as assigned

Type -

PractitionerPin

EFIN – as assigned

PIN

PinEnteredBy – N/A

SignatureOption – PIN Number

ReturnType - 720

TaxPeriodBeginDate –

TaxPeriodEndDate –

Quarter End Date – 201303

### Filer

EIN - 001100002

Name – SGCN Grove Company

NameControl - SGCN

USAddress – 1223 Spruce Lane Fairfax VA 22031

### Officer

Name – James P Jones

Title - President

Phone – 7037772121

EmailAddress -

DateSigned – self select

TaxpayerPin – self select

### Preparer

Name – Thomas Doe

SSN or PTIN – 123456789

Phone -7037772222

EmailAddress -

DatePrepared –self select

SelfEmployed – Y

TaxYear - 2013

BinaryAttachmentCount – 0

# Form 720 – Test Scenarios

Form 6197 Gas Guzzler Tax

SGCN Grove Company  
001100002

## Part II Identification of Models Subject to Gas Guzzle Tax

Line No. From above	No. of Vehicles	Make, model name, and model year	Fuel Economy Rating
2	1054	BMW M4 Coupe (2001, 2002, 2003, 2004, 2005, 2006) BMW M6 Conv (2002, 2003, 2004, 2005, 2006, 2007) BMW Z4 Roadster (2006, 2007)	21.5-22.5
3	225	BMW M6 Conv (2002, 2003, 2004, 2005, 2006) BMW 540 (2001) BMW 550 (2006, 2007) BMW 650 (2006, 2007) BMW 645 (2005, 2006, 2007)	20.5-21.5
4	120	BMW 645 (2006, 2007) BMW 760 (2006, 2007)	19.5-20.5
5	2	BMW M5 (2000) BMW Z8 (2001)	18.5-19.5
6	1	BMW 750 (2001)	17.5-18.5
7	2010	BMW M6 (2007)	16.5-17.5
8	203	BMW M5 (2007)	15.5-16.5

# Form 720 – Test Scenarios

<b>Form 720 Test #1</b>	<b>Quarterly Federal Excise Tax Return</b>	<b>TY 2013</b>
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Name:	SGCN Grove Company		
Taxpayer identification number:	001100002		
Number, street, and room:	1223 Spruce Lane		
City or town, State, Zip code:	Fairfax VA 22031		
Quarter ending:	3312013		

Line	Data
Final return checkbox	<input type="checkbox"/>
Address change checkbox	<input type="checkbox"/>

## FORM 720 - PART I

IRS No	Environmental Taxes (attach Form 6627)	Tax	IRS No
18	Domestic petroleum oil spill tax		18
21	Imported petroleum products oil spill tax		21
98	Ozone-depleting chemicals (ODCs)		98
19	ODC tax on imported products		19

IRS No	Communications and Air Transportation Taxes	Tax	IRS No
22	Local telephone service, toll telephone service, and teletypewriter exchange service		22
26	Transportation of persons by air		26
28	Transportation of property by air		28
27	Use of international air travel facilities		27

## Form 720 – Test Scenarios

IRS No	Fuel Taxes	Number of gallons	Rate	Tax	IRS No
60	60(a) - Diesel, tax on removal at terminal rack		.244		
	60(b) - Diesel, tax on taxable events other than removal at terminal rack		.244		60
	60 (c) - Diesel, tax on sale or removal of biodiesel mixture other than removal at terminal rack		.244		
104	Diesel-water emulsion		.198		104
105	Dyed diesel, LUST tax		.001		105
107	Dyed kerosene, LUST tax		.001		107
119	LUST tax, other exempt removals (see instructions)		.001		119
35	(a) Kerosene, tax on removal at terminal rack (see instructions)		.244		35
	(b) Kerosene, tax on taxable events other than removal at terminal rack		.244		
69	Kerosene for use in aviation (see instructions)		.219		69
77	Kerosene for use in commercial aviation (other than foreign trade)		.044		77
111	Kerosene for use in aviation, LUST tax on nontaxable uses, including foreign trade		.001		111
79	Other fuels (see instructions)				79
62	(a) Gasoline, tax on removal at terminal rack		.184		62
	(b) Gasoline, tax on taxable events other than removal at terminal rack		.184		
13	Any liquid fuel used in a fractional ownership program aircraft		.141		13
14	Aviation gasoline		.194		14
112	Liquefied petroleum gas (LPG)		.183		112
118	“P Series” fuels		.184		118
120	Compressed natural gas (CNG) (GGE = 126.67 cu. ft.)		.183		120
121	Liquefied hydrogen		.184		121
122	Fischer-Tropsch process liquid fuel from coal (including peat)		.244		122
123	Liquid fuel derived from biomass		.244		123
124	Liquefied natural gas (LNG)		.243		124

## Form 720 – Test Scenarios

IRS No	Retail Tax	Rate	Tax	IRS No
33	Truck, trailer, and semitrailer chassis and bodies, and tractors	12% of sales price		33

IRS No	Ship Passenger Tax	Number of persons	Rate	Tax	IRS No
29	Transportation by water		\$3 per person		29

IRS No	Other Excise Tax	Amount of obligations	Rate	Tax	IRS No
31	Obligations not in registered form		.01		31

IRS No	Foreign Insurance Taxes	Premiums paid	Rate	Tax	IRS No
30	Policies issued by foreign insurers (see instructions) Casualty insurance and indemnity bonds		.04		
	Life insurance, sickness and accident policies, and annuity contracts		.01		30
	Reinsurance		.01		

IRS No	Manufacturers Taxes	Number of tons	Sales price	Rate	Tax	IRS No
36	Coal—Underground mined			\$1.10 per ton		36
37	Coal—Underground mined			4.4% of sales price		37
38	Coal—Surface mined			\$ .55 per ton		38
39	Coal—Surface mined			4.4% of sales price		39

## Form 720 – Test Scenarios

IRS No	Manufacturers Taxes	Number of tires	Tax	IRS No
108	Taxable tires other than bias ply or super single tires (see instructions)			108
109	Taxable bias ply or super single tires (other than super single tires designed for steering) (see instructions)			109
113	Taxable tires, super single tires designed for steering (see instructions)			113

IRS No	Manufacturers Taxes	Tax	IRS No
40	Gas guzzler tax. Attach Form 6197. Check if one-time filing. <input type="checkbox"/>	8335400.00	40

IRS No	Manufacturers Taxes		Tax	IRS No				
97	Vaccines (see instructions)			97				
136	Taxable medical devices	<table border="1"> <thead> <tr> <th>Sales price</th> <th></th> </tr> </thead> <tbody> <tr> <td></td> <td>2.3% of sales price</td> </tr> </tbody> </table>	Sales price			2.3% of sales price		136
Sales price								
	2.3% of sales price							

<b>1</b>	<b>Total.</b> Add all amounts in Part I. Complete Schedule A unless one-time filing	8335400.00	
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# Form 720 – Test Scenarios

## FORM 720 - PART II

IRS No		Rate	Tax	IRS No
	RESERVED			
41	Sport fishing equipment (other than fishing rods and fishing poles)	10% of sales price		41
110	Fishing rods and fishing poles (limits apply, see instructions)	10% of sales price		110
42	Electric outboard motors	3% of sales price		42
114	Fishing tackle boxes	3% of sales price		114
44	Bows, quivers, broadheads, and points	11% of sales price		44
106	Arrow shafts	\$ .48 per shaft		106
140	Indoor tanning services	10% of amount paid		140

IRS No		Number of gallons	Rate	Tax	IRS No
64	Inland waterways fuel use tax		\$ .20		64
125	LUST tax on inland waterways fuel use (see instructions)		.001		125
51	Alcohol sold as but not used as fuel (see instructions)				51
117	Biodiesel sold as but not used as fuel (see instructions)				117

IRS No	Floor Stocks Tax	Tax	IRS No
20	Ozone-depleting chemicals (floor stocks). Attach Form 6627.		20

<b>2</b>	<b>Total.</b> Add all amounts in Part II	<b>0.00</b>	
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# Form 720 – Test Scenarios

## FORM 720 – PART III

<b>3</b>	Total tax. Add line 1, Part I, and line 2, Part II	<b>3</b>	8335400.00
<b>4</b>	Claims (see instructions; complete Schedule C)	<b>4</b>	
<b>5</b>	Deposits made for the quarter	<b>5</b>	8335400.00
	Check here if you used the safe harbor rule to make your deposits. <input checked="" type="checkbox"/>		
<b>6</b>	Overpayment from previous quarters	<b>6</b>	
<b>7</b>	Enter the amount from Form 720X included on line 6, if any	<b>7</b>	
<b>8</b>	Total of lines 5 and 6	<b>8</b>	8335400.00
<b>9</b>	Add lines 4 and 8	<b>9</b>	8335400.00
<b>10</b>	Balance Due. If line 3 is greater than line 9, enter the difference. Pay the full amount with the return. Enclose Form 720-V with your check or money order for full amount payable to the "United States Treasury." Write your EIN, "Form 720," and the quarter on it	<b>10</b>	
<b>11</b>	Overpayment. If line 9 is greater than line 3, enter the difference.	<b>11</b>	
	Check if you want the overpayment: Applied to your next return, <input type="checkbox"/>		
	Check if you want the overpayment: Refunded to you. <input type="checkbox"/>		

# Form 720 – Test Scenarios

## FORM 720 – SCHEDULE A Schedule A Excise Tax Liability (see instructions)

### 1 Regular method taxes

(a) Record of Net Tax Liability	Period			
	1 <sup>st</sup> –15 <sup>th</sup> day		16 <sup>th</sup> –last day	
First month	<b>A</b>	1088300.00	<b>B</b>	1413200.00
Second month	<b>C</b>	1577400.00	<b>D</b>	1307200.00
Third month	<b>E</b>	1375000.00	<b>F</b>	1574300.00
Special rule for September*			<b>G</b>	
(b) Net liability for regular method taxes. Add the amounts for each semimonthly period.				8335400.00

### 2 Alternative method taxes (IRS Nos. 22, 26, 28, and 27)

(a) Record of Taxes Considered as Collected	Period			
	1 <sup>st</sup> –15 <sup>th</sup> day		16 <sup>th</sup> –last day	
First month	<b>M</b>		<b>N</b>	
Second month	<b>O</b>		<b>P</b>	
Third month	<b>Q</b>		<b>R</b>	
Special rule for September*			<b>S</b>	
(b) Alternative method taxes. Add the amounts for each semimonthly period. Complete only as instructed. See the instructions.				

## Form 720 – Test Scenarios

### FORM 720 – SCHEDULE T

#### Two-Party Exchange Information Reporting (see instructions)

<b>Fuel</b>	<b>Number of gallons</b>
<b>Diesel fuel</b> , gallons received in a two-party exchange within a terminal, included on IRS No. 60(a) on Form 720	
<b>Diesel fuel</b> , gallons delivered in a two-party exchange within a terminal	
<b>Kerosene</b> , gallons received in a two-party exchange within a terminal, included on IRS No. 35(a), 69, 77, or 111 on Form 720	
<b>Kerosene</b> , gallons delivered in a two-party exchange within a terminal	
<b>Gasoline</b> , gallons received in a two-party exchange within a terminal, included on IRS No. 62(a) on Form 720	
<b>Gasoline</b> , gallons delivered in a two-party exchange within a terminal	
<b>Aviation gasoline</b> , gallons received in a two-party exchange within a terminal, included on IRS No. 14 on Form 720	
<b>Aviation gasoline</b> , gallons delivered in a two-party exchange within a terminal	

# Form 720 – Test Scenarios

## Form 720 Schedule C – Claims

Complete Schedule C for claims only if you are reporting liability in Part I or II of Form 720.

Month your income tax year ends	
---------------------------------	--

<b>1</b>	<b>Nontaxable Use of Gasoline</b>	<b>Period of claim: YYYYMMDD- YYYYMMDD</b>				
		<b>Type of use</b>	<b>Rate</b>	<b>Gallons</b>	<b>Amount of claim</b>	<b>CRN</b>
a	Gasoline		\$.183			362
b	Exported		.184			411

<b>2</b>	<b>Nontaxable Use of Aviation Gasoline</b>	<b>Period of claim: YYYYMMDD-YYYYMMDD</b>				
		<b>Type of use</b>	<b>Rate</b>	<b>Gallons</b>	<b>Amount of claim</b>	<b>CRN</b>
a	Used in commercial aviation (other than foreign trade)		\$.15			354
b	Other nontaxable use		.193			324
c	Exported		.194			412
d	LUST tax on aviation fuels used in foreign trade		.001			433

<b>3</b>	<b>Nontaxable Use of Undyed Diesel Fuel</b>	<b>Period of claim: YYYYMMDD-YYYYMMDD</b>				
		<b>Type of use</b>	<b>Rate</b>	<b>Gallons</b>	<b>Amount of claim</b>	<b>CRN</b>
a	Nontaxable use		\$.243			360
b	Use in trains		.243			353
c	Use in certain intercity and local buses		.17			350
d	Use on a farm for farming purposes		.243			360
e	Exported		.244			413

## Form 720 – Test Scenarios

4	Nontaxable Use of Undyed Kerosene (Other Than Kerosene Used in Aviation)	Period of claim: YYYYMMDD-YYYYMMDD				
		Type of use	Rate	Gallons	Amount of claim	CRN
a	Nontaxable use		\$.243			346
b	Use in certain intercity and local buses		.17			347
c	Use on a farm for farming purposes		.243			346
d	Exported		.244			414
e	Nontaxable use taxed at \$.044		.043			377
f	Nontaxable use taxed at \$.219		.218			369

5	Kerosene Used in Aviation	Period of claim: YYYYMMDD-YYYYMMDD				
		Type of use	Rate	Gallons	Amount of claim	CRN
a	Kerosene used in commercial aviation (other than foreign trade) taxed at \$.244		\$.200			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

## Form 720 – Test Scenarios

<b>6 Nontaxable Use of Alternative Fuel</b>					
	Type of use	Rate	Gallons or gasoline gallon equivalents (GGE)	Amount of claim	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
e	Fischer-Tropsch process liquid fuel from coal (including peat)	.243			423
f	Liquid fuel derived from biomass	.243			424
g	Liquefied natural gas (LNG)	.243			425
h	Liquid gas derived from biomass	.183			435

<b>7</b>	<b>Sales by Registered Ultimate Vendors of Undyed Diesel Fuel</b>	<b>Period of claim: YYYYMMDD-YYYYMMDD</b>			
		<b>Registration Number:</b>			
		Rate	Gallons	Amount of claim	CRN
a	Use by a state or local government	\$.243			360
b	Use in certain intercity and local buses	.17			350

<b>8</b>	<b>Sales by Registered Ultimate Vendors of Undyed Kerosene (Other Than Kerosene For Use in Aviation)</b>	<b>Period of claim: YYYYMMDD-YYYYMMDD</b>			
		<b>Registration Number:</b>			
		Rate	Gallons	Amount of claim	CRN
a	Use by a state or local government	\$.243			346
b	Sales from a blocked pump	.243			
c	Use in certain intercity and local buses	.17			347

## Form 720 – Test Scenarios

9	Sales by Registered Ultimate Vendors of Kerosene For Use in Aviation	Registration Number:				
		Type of use	Rate	Gallons	Amount of claim	CRN
a	Use in commercial aviation (other than foreign trade) taxed at \$.219		\$.175			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

10	Sales by Registered Ultimate Vendors of Gasoline	Registration Number:			
		Rate	Gallons	Amount of claim	CRN
a	Use by a nonprofit educational organization	\$.183			362
b	Use by a state or local government	.183			

11	Sales by Registered Ultimate Vendors of Aviation Gasoline	Registration Number:			
		Rate	Gallons	Amount of claim	CRN
a	Use by a nonprofit educational organization	\$.193			324
b	Use by a state or local government	.193			

## Form 720 – Test Scenarios

<b>12</b>	<b>Alcohol Fuel Mixture Credit</b>	<b>Period of claim: YYYYMMDD-YYYYMMDD</b>			
		<b>Registration Number:</b>			
		<b>Rate</b>	<b>Gal. of Alcohol</b>	<b>Amount of claim</b>	<b>CRN</b>
a	Reserved				
b	Reserved				

<b>13</b>	<b>Biodiesel or Renewable Diesel Mixture Credit</b>	<b>Period of claim: YYYYMMDD-YYYYMMDD</b>			
		<b>Registration Number:</b>			
		<b>Rate</b>	<b>Gal. of Biodiesel or Renewable Diesel</b>	<b>Amount of claim</b>	<b>CRN</b>
a	Biodiesel (other than agri-biodiesel) mixtures	\$1.00		\$	388
b	Agri-biodiesel mixtures	1.00			390
c	Renewable diesel mixtures	1.00			307

<b>14</b>	<b>Alternative Fuel Credit and Alternative Fuel Mixture Credit</b>	<b>Registration Number:</b>			
		<b>Rate</b>	<b>Gallons or gasoline gallon equivalents (GGE)</b>	<b>Amount of claim</b>	<b>CRN</b>
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	Fischer-Tropsch process liquid fuel from coal (including peat)	.50			430
f	Liquid fuel derived from biomass	.50			431
g	Liquefied natural gas (LNG)	.50			432
h	Liquefied gas derived from biomass	.50			436
i	Compressed gas derived from biomass (GGE = 121 cu. ft.)	.50			437

## Form 720 – Test Scenarios

<b>15 Other claims</b>		<b>Amount of claim</b>	<b>CRN</b>
a	Section 4051(d) tire credit (tax on vehicle reported on IRS No. 33)	\$	366
b	Exported dyed diesel fuel (see Caution above line 1 on page 4)		415
c	Exported dyed kerosene (see Caution above line 1 on page 4)		416
d	Diesel-water fuel emulsion (see instructions)		
e	Registered credit card issuers		
		<b>Number of Tires</b>	<b>Amount of claim</b>
f	Taxable tires other than bias ply or super single tires		\$ 396
g	Taxable tires, bias ply or super single Tires designed for steering		304
h	Taxable tires, super single Tires designed for steering		305
i	Medical device claims		438
j			
k			

		<b>Amount of claim</b>	<b>CRN</b>
<b>16</b>	<b>Total claims.</b> Add all amounts on lines 1–15. Enter the result here and on page 2, Part III, line 4 of Form 720.	<b>16</b>	

# Form 720 – Test Scenarios

<b>Form 6197 Test #1</b>	<b>Gas Guzzler Tax</b>	<b>TY 2013</b>
--------------------------	------------------------	----------------

Name:	
Taxpayer identification number:	
Number, street, and room:	
City or town, State, Zip code:	

## Form 6197 Part I Computation of Tax

Line number	If the fuel economy (mpg) of the automobile model type is:			(d) Number of cars sold	(e) Tax due (multiply column I by column (d))	Line number	If the fuel economy (mpg) of the automobile model type is:			(d) Number of cars sold	(e) Tax due (multiply column(c) by column (d))
	(a) At least	(b) But Less than	(c) Tax rate				(a) At least	(b) But II than	(c) Tax rate		
<b>1</b>	22.5	—	\$0			<b>7</b>	16.5	17.5	\$3,000	2009	6027000.00
<b>2</b>	21.5	22.5	1,000	1054	1054000.00	<b>8</b>	15.5	16.5	3,700	203	751100.00
<b>3</b>	20.5	21.5	1,300	225	292500.00	<b>9</b>	14.5	15.5	4,500		
<b>4</b>	19.5	20.5	1,700	120	204000.00	<b>10</b>	13.5	14.5	5,400		
<b>5</b>	18.5	19.5	2,100	2	4200.00	<b>11</b>	12.5	13.5	6,400		
<b>6</b>	17.5	18.5	2,600	1	2600.00	<b>12</b>	—	12.5	7,700		
<b>13</b>	Total tax due for the quarter. Add lines 2 through 12 in column (e). Enter here and on Form 720 on the line for IRS No. 40										8335400.00

## Form 720 – Test Scenarios

### Form 6197 Part II Identification of Models Subject to Gas Guzzler Tax

Line no. from above	Fuel economy rating	No. of vehicles	Make, model name, and model year
2	21.5-22.5	1054	BMW M4 Coupe (2001, 2002, 2003, 2004, 2005, 2006) BMW M6 Conv (2002, 2003, 2004, 2005, 2006, 2007) BMW Z4 Roadster (2006, 2007)
3	20.5-21.5	225	BMW M6 Conv (2002, 2003, 2004, 2005, 2006) BMW 540 (2001) BMW 550 (2006, 2007) BMW 650 (2006, 2007) BMW 645 (2005, 2006, 2007)
4	19.5-20.5	120	BMW 645 (2006, 2007) BMW 760 (2006, 2007)
5	18.5-19.5	2	BMW M5 (2000) BMW Z8 (2001)
6	17.5-18.5	1	BMW 750 (2001)
7	16.5-17.5	2009	BMW M6 (2007)
8	15.5-16.5	203	BMW M5 (2007)

# Form 720 - Test Scenarios

## ***F720 Test 2***

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### Originator

EFIN – as assigned

Type -

PractitionerPin

EFIN – as assigned

PIN

PinEnteredBy – n/a

SignatureOption – PIN Number

ReturnType - 720

TaxPeriodBeginDate –

TaxPeriodEndDate –

Quarter End Date – 201303

### Filer

EIN - 00-1200003

Name – RRCN Red Corporation

NameControl - RRCN

USAddress – 2222 Red Lane Fairfax VA 22031

### Officer

Name – James R Cook

Title - President

Phone – 7038889999

EmailAddress -

DateSigned – self select

TaxpayerPin – self select

### Preparer

Name – Thomas Doe

SSN or PTIN – 000000001

Phone -7038882555

EmailAddress -

DatePrepared –self select

SelfEmployed – Y

TaxYear - 2013

BinaryAttachmentCount – 0

## Form 720 - Test Scenarios

<b>Form 720 Test #2</b>	<b>Quarterly Federal Excise Tax Return</b>	<b>TY 2013</b>
-------------------------	--	----------------

Name:	RRCN Red Corporation
Taxpayer identification number:	00-1200003
Number, street, and room:	2222 Red Lane Fairfax
City or town, State, Zip code:	Fairfax VA 22031
Quarter ending:	3312013

Line	Data
Final return checkbox	<input type="checkbox"/>
Address change checkbox	<input type="checkbox"/>

### FORM 720 - PART I

IRS No	Environmental Taxes (attach Form 6627)	Tax	IRS No
18	Domestic petroleum oil spill tax		18
21	Imported petroleum products oil spill tax		21
98	Ozone-depleting chemicals (ODCs)		98
19	ODC tax on imported products		19

IRS No	Communications and Air Transportation Taxes	Tax	IRS No
22	Local telephone service, toll telephone service, and teletypewriter exchange service		22
26	Transportation of persons by air		26
28	Transportation of property by air		28
27	Use of international air travel facilities		27

## Form 720 - Test Scenarios

IRS No	Fuel Taxes	Number of gallons	Rate	Tax	IRS No.
60	60(a) - Diesel, tax on removal at terminal rack		.244		
	60(b) - Diesel, tax on taxable events other than removal at terminal rack		.244		60
	60 (c) - Diesel, tax on sale or removal of biodiesel mixture other than removal at terminal rack		.244		
104	Diesel-water emulsion		.198		104
105	Dyed diesel, LUST tax		.001		105
107	Dyed kerosene, LUST tax		.001		107
119	LUST tax, other exempt removals (see instructions)		.001		119
35	(a) Kerosene, tax on removal at terminal rack (see instructions)		.244		35
	(b) Kerosene, tax on taxable events other than removal at terminal rack		.244		
69	Kerosene for use in aviation (see instructions)		.219		69
77	Kerosene for use in commercial aviation (other than foreign trade)		.044		77
111	Kerosene for use in aviation, LUST tax on nontaxable uses, including foreign trade		.001		111
79	Other fuels (see instructions)				79
62	(a) Gasoline, tax on removal at terminal rack		.184		
	(b) Gasoline, tax on taxable events other than removal at terminal rack		.184		62
13	Any liquid fuel used in a fractional ownership program aircraft		.141		13
14	Aviation gasoline		.194		14
112	Liquefied petroleum gas (LPG)		.183		112
118	"P Series" fuels		.184		118
120	Compressed natural gas (CNG) (GGE = 126.67 cu. ft.)		.183		120
121	Liquefied hydrogen		.184		121
122	Fischer-Tropsch process liquid fuel from coal (including peat)		.244		122
123	Liquid fuel derived from biomass		.244		123
124	Liquefied natural gas (LNG)		.243		124

## Form 720 - Test Scenarios

IRS No	Retail Tax	Rate	Tax	IRS No
33	Truck, trailer, and semitrailer chassis and bodies, and tractors	12% of sales price		33

IRS No	Ship Passenger Tax	Number of persons	Rate	Tax	IRS No
29	Transportation by water		\$3 per person		29

IRS No	Other Excise Tax	Amount of obligations	Rate	Tax	IRS No
31	Obligations not in registered form		.01		31

IRS No	Foreign Insurance Taxes	Premiums paid	Rate	Tax	IRS No
30	Policies issued by foreign insurers (see instructions) Casualty insurance and indemnity bonds		.04		
	Life insurance, sickness and accident policies, and annuity contracts		.01		30
	Reinsurance		.01		

IRS No	Manufacturers Taxes	Number of tons	Sales price	Rate	Tax	IRS No
36	Coal—Underground mined			\$1.10 per ton		36
37	Coal—Underground mined			4.4% of sales price		37
38	Coal—Surface mined			\$.55 per ton		38
39	Coal—Surface mined			4.4% of sales price		39

## Form 720 - Test Scenarios

IRS No	Manufacturers Taxes		Tax	IRS No
108	Taxable tires other than bias ply or super single tires (see instructions)			108
109	Taxable bias ply or super single tires (other than super single tires designed for steering) (see instructions)			109
113	Taxable tires, super single tires designed for steering (see instructions)			113

IRS No	Manufacturers Taxes		Tax	IRS No
40	Gas guzzler tax. Attach Form 6197. Check if one-time filing. <input type="checkbox"/>		6581700.00	40

IRS No	Manufacturers Taxes		Tax	IRS No
97	Vaccines (see instructions)			97
136	Taxable medical devices	<b>Sales price</b>	2.3% of sales price	136

<b>1</b>	<b>Total.</b> Add all amounts in Part I. Complete Schedule A unless one-time filing		6581700.00	
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# Form 720 - Test Scenarios

## FORM 720 - PART II

IRS No		Rate	Tax	IRS No
	RESERVED			
41	Sport fishing equipment (other than fishing rods and fishing poles)	10% of sales price		41
110	Fishing rods and fishing poles (limits apply, see instructions)	10% of sales price		110
42	Electric outboard motors	3% of sales price		42
110	Fishing tackle boxes	3% of sales price		110
44	Bows, quivers, broadheads, and points	11% of sales price		44
106	Arrow shafts	\$ .48 per shaft		106
140	Indoor tanning services	10% of amount paid		140

IRS No		Number of gallons	Rate	Tax	IRS No
64	Inland waterways fuel use tax		\$ .20		64
125	LUST tax on inland waterways fuel use (see instructions)		.001		125
51	Alcohol sold as but not used as fuel (see instructions)				51
117	Biodiesel sold as but not used as fuel (see instructions)				117

IRS No	Floor Stocks Tax	Tax	IRS No
20	Ozone-depleting chemicals (floor stocks). Attach Form 6627.		20

<b>2</b>	<b>Total.</b> Add all amounts in Part II.	<b>0.00</b>	
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## Form 720 - Test Scenarios

### FORM 720 - PART III

<b>3</b>	Total tax. Add line 1, Part I, and line 2, Part II	<b>3</b>	6581700.00
<b>4</b>	Claims (see instructions; complete Schedule C)	<b>4</b>	
<b>5</b>	Deposits made for the quarter	<b>5</b>	6581700.00
	Check here if you used the safe harbor rule to make your deposits. <input checked="" type="checkbox"/>		
<b>6</b>	Overpayment from previous quarters	<b>6</b>	
<b>7</b>	Enter the amount from Form 720X included on line 6, if any	<b>7</b>	
<b>8</b>	Total of lines 5 and 6	<b>8</b>	6581700.00
<b>9</b>	Add lines 4 and 8	<b>9</b>	6581700.00
<b>10</b>	Balance Due. If line 3 is greater than line 9, enter the difference. Pay the full amount with the return. Enclose Form 720-V with your check or money order for full amount payable to the "United States Treasury." Write your EIN, "Form 720," and the quarter on it	<b>10</b>	
<b>11</b>	Overpayment. If line 9 is greater than line 3, enter the difference.	<b>11</b>	
	Check if you want the overpayment: Applied to your next return, <input type="checkbox"/>		
	Check if you want the overpayment: Refunded to you. <input type="checkbox"/>		

# Form 720 - Test Scenarios

## FORM 720 - SCHEDULE A Schedule A Excise Tax Liability (see instructions)

### 1 Regular method taxes

(a) Record of Net Tax Liability	Period			
	1st–15th day		16th–last day	
First month	<b>A</b>	633900.00	<b>B</b>	1443600.00
Second month	<b>C</b>	1051800.00	<b>D</b>	830700.00
Third month	<b>E</b>	767400.00	<b>F</b>	1854300.00
Special rule for September*			<b>G</b>	
<b>(b)</b> Net liability for regular method taxes. Add the amounts for each semimonthly period.				6581700.00

### 2 Alternative method taxes (IRS Nos. 22, 26, 28, and 27)

(a) Record of Taxes Considered as Collected	Period			
	1st–15th day		16th–last day	
First month	<b>M</b>		<b>N</b>	
Second month	<b>O</b>		<b>P</b>	
Third month	<b>Q</b>		<b>R</b>	
Special rule for September*			<b>S</b>	
<b>(b)</b> Alternative method taxes. Add the amounts for each semimonthly period. Complete only as instructed. See the instructions.				

## Form 720 - Test Scenarios

### FORM 720 - SCHEDULE T

#### Two-Party Exchange Information Reporting (see instructions)

Fuel	Number of gallons
<b>Diesel fuel</b> , gallons received in a two-party exchange within a terminal, included on IRS No. 60(a) on Form 720	
<b>Diesel fuel</b> , gallons delivered in a two-party exchange within a terminal	
<b>Kerosene</b> , gallons received in a two-party exchange within a terminal, included on IRS No. 35(a), 69, 77, or 111 on Form 720	
<b>Kerosene</b> , gallons delivered in a two-party exchange within a terminal	
<b>Gasoline</b> , gallons received in a two-party exchange within a terminal, included on IRS No. 62(a) on Form 720	
<b>Gasoline</b> , gallons delivered in a two-party exchange within a terminal	
<b>Aviation gasoline</b> , gallons received in a two-party exchange within a terminal, included on IRS No. 14 on Form 720	
<b>Aviation gasoline</b> , gallons delivered in a two-party exchange within a terminal	

# Form 720 - Test Scenarios

## Form 720 Schedule C - Claims

Complete Schedule C for claims only if you are reporting liability in Part I or II of Form 720.

Month your income tax year ends	
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<b>1</b>	<b>Nontaxable Use of Gasoline</b>	<b>Period of claim: YYYYMMDD-YYYYMMDD</b>				
		<b>Type of use</b>	<b>Rate</b>	<b>Gallons</b>	<b>Amount of claim</b>	<b>CRN</b>
a	Gasoline		\$.183			362
b	Exported		.184			411

<b>2</b>	<b>Nontaxable Use of Aviation Gasoline</b>	<b>Period of claim: YYYYMMDD-YYYYMMDD</b>				
		<b>Type of use</b>	<b>Rate</b>	<b>Gallons</b>	<b>Amount of claim</b>	<b>CRN</b>
a	Used in commercial aviation (other than foreign trade)		\$.15			354
b	Other nontaxable use		.193			324
c	Exported		.194			412
d	LUST tax on aviation fuels used in foreign trade		.001			433

<b>3</b>	<b>Nontaxable Use of Undyed Diesel Fuel</b>	<b>Period of claim: YYYYMMDD-YYYYMMDD</b>				
		<b>Type of use</b>	<b>Rate</b>	<b>Gallons</b>	<b>Amount of claim</b>	<b>CRN</b>
a	Nontaxable use		\$.243			360
b	Use in trains		.243			353
c	Use in certain intercity and local buses		.17			350
d	Use on a farm for farming purposes		.243			360
e	Exported		.244			413

## Form 720 - Test Scenarios

4	Nontaxable Use of Undyed Kerosene (Other Than Kerosene Used in Aviation)	Period of claim: YYYYMMDD-YYYYMMDD				
		Type of use	Rate	Gallons	Amount of claim	CRN
a	Nontaxable use		\$.243			346
b	Use in certain intercity and local buses		.17			347
c	Use on a farm for farming purposes		.243			346
d	Exported		.244			414
e	Nontaxable use taxed at \$.044		.043			377
f	Nontaxable use taxed at \$.219		.218			369

5	Kerosene Used in Aviation	Period of claim: YYYYMMDD-YYYYMMDD				
		Type of use	Rate	Gallons	Amount of claim	CRN
a	Kerosene used in commercial aviation (other than foreign trade) taxed at \$.244		\$.200			346
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

## Form 720 - Test Scenarios

<b>6 Nontaxable Use of Alternative Fuel</b>						
		<b>Type of use</b>	<b>Rate</b>	<b>Gallons or gasoline gallon equivalents (GGE)</b>	<b>Amount of claim</b>	<b>CRN</b>
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
e		Fischer-Tropsch process liquid fuel from coal (including peat)	.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

<b>7</b>	<b>Sales by Registered Ultimate Vendors of Undyed Diesel Fuel</b>	<b>Period of claim: YYYYMMDD-YYYYMMDD</b>			
		<b>Registration Number:</b>			
		<b>Rate</b>	<b>Gallons</b>	<b>Amount of claim</b>	<b>CRN</b>
a	Use by a state or local government	\$.243			360
b	Use in certain intercity and local buses	.17			350

<b>8</b>	<b>Sales by Registered Ultimate Vendors of Undyed Kerosene (Other Than Kerosene For Use in Aviation)</b>	<b>Period of claim: YYYYMMDD-YYYYMMDD</b>			
		<b>Registration Number:</b>			
		<b>Rate</b>	<b>Gallons</b>	<b>Amount of claim</b>	<b>CRN</b>
a	Use by a state or local government	\$.243			346
b	Sales from a blocked pump	.243			
c	Use in certain intercity and local buses	.17			347

## Form 720 - Test Scenarios

9	Sales by Registered Ultimate Vendors of Kerosene For Use in Aviation	Registration Number:				
		Type of use	Rate	Gallons	Amount of claim	CRN
a	Use in commercial aviation (other than foreign trade) taxed at \$.219		\$.175			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

10	Sales by Registered Ultimate Vendors of Gasoline	Registration Number:			
		Rate	Gallons	Amount of claim	CRN
a	Use by a nonprofit educational organization	\$.183			362
b	Use by a state or local government	.183			

11	Sales by Registered Ultimate Vendors of Aviation Gasoline	Registration Number:			
		Rate	Gallons	Amount of claim	CRN
a	Use by a nonprofit educational organization	\$.193			324
b	Use by a state or local government	.193			

12	Alcohol Fuel Mixture Credit	Period of claim: YYYYMMDD-YYYYMMDD			
		Registration Number			
		Rate	Gal. of Alcohol	Amount of claim	CRN
a	Reserved				

## Form 720 - Test Scenarios

<b>12</b>	<b>Alcohol Fuel Mixture Credit</b>	<b>Period of claim: YYYYMMDD-YYYYMMDD</b>			
		<b>Registration Number</b>			
		<b>Rate</b>	<b>Gal. of Alcohol</b>	<b>Amount of claim</b>	<b>CRN</b>
b	Reserved				

<b>13</b>	<b>Biodiesel or Renewable Diesel Mixture Credit</b>	<b>Period of claim: YYYYMMDD-YYYYMMDD</b>			
		<b>Registration Number:</b>			
		<b>Rate</b>	<b>Gal. of Biodiesel or Renewable Diesel</b>	<b>Amount of claim</b>	<b>CRN</b>
a	Biodiesel (other than agri-biodiesel) mixtures	\$1.00		\$	388
b	Agri-biodiesel mixtures	1.00			390
c	Renewable diesel mixtures	1.00			307

<b>14</b>	<b>Alternative Fuel Credit and Alternative Fuel Mixture Credit</b>	<b>Registration Number:</b>			
			<b>Rate</b>	<b>Gallons or gasoline gallon equivalents (GGE)</b>	<b>Amount of claim</b>
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	Fischer-Tropsch process liquid fuel from coal (including peat)	.50			430
f	Liquid fuel derived from biomass	.50			431
g	Liquefied natural gas (LNG)	.50			432
h	Liquefied gas derived from biomass	.50			436
i	Compressed gas derived from biomass (GGE = 121 cu. ft.)	.50			437

## Form 720 - Test Scenarios

<b>15 Other claims</b>				
			<b>Amount of claim</b>	<b>CRN</b>
a	Section 4051(d) tire credit (tax on vehicle reported on IRS No. 33)		\$	366
b	Exported dyed diesel fuel (see Caution above line 1 on page 4)			415
c	Exported dyed kerosene (see Caution above line 1 on page 4)			416
d	Diesel-water fuel emulsion (see instructions)			
e	Registered credit card issuers			
		<b>Number of Tires</b>	<b>Amount of claim</b>	<b>CRN</b>
f	Taxable tires other than bias ply or super single tires		\$	396
g	Taxable tires, bias ply or super single tires designed for steering			304
h	Taxable tires, super single tires designed for steering			305
i	Medical device claims			438
j				
k				

			<b>Amount of claim</b>	<b>CRN</b>
<b>16</b>	<b>Total claims.</b> Add all amounts on lines 1–15. Enter the result here and on page 2, Part III, line 4 of Form 720.	<b>16</b>		

## Form 720 - Test Scenarios

<b>Form 6197 Test #2</b>	<b>Gas Guzzler Tax</b>	<b>TY 2013</b>
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Name:	RRCN Red Corporation
Taxpayer identification number:	00-1200003
Number, street, and room:	2222 Red Lane Fairfax
City or town, State, Zip code:	Fairfax VA 22031
Quarter ending:	3312013

### Form 6197 Part I Computation of Tax

Line number	If the fuel economy (mpg) of the automobile model type is:			(d) Number of cars sold	(e) Tax due (multiply column (c) by column (d))	Line number	If the fuel economy (mpg) of the automobile model type is:			(d) Number of cars sold	(e) Tax due (multiply column (c) by column (d))
	(a) At least	(b) But less than	(c) Tax rate				(a) At least	(b) But less than	(c) Tax rate		
<b>1</b>	22.5	—	\$0			<b>7</b>	16.5	17.5	\$3,000	96	288000.00
<b>2</b>	21.5	22.5	1,000			<b>8</b>	15.5	16.5	3,700		
<b>3</b>	20.5	21.5	1,300			<b>9</b>	14.5	15.5	4,500		
<b>4</b>	19.5	20.5	1,700			<b>10</b>	13.5	14.5	5,400		
<b>5</b>	18.5	19.5	2,100	2997	6293700.00	<b>11</b>	12.5	13.5	6,400		
<b>6</b>	17.5	18.5	2,600			<b>12</b>	—	12.5	7,700		
<b>13</b>	Total tax due for the quarter. Add lines 2 through 12 in column (e). Enter here and on Form 720 on the line for IRS No. 40										6581700.00

### Form 6197 Part II Identification of Models Subject to Gas Guzzler Tax

Line no. from above	Fuel economy rating	No. of vehicles	Make, model name, and model year
5	19.0	848	2007 Chrysler 300 SRT-8
5	19.0	1449	2007 Dodge Charger SRT-8
5	19.0	700	2007 Dodge Magnum SRT-8
7	17.118	96	2007 Dodge Viper

# Form 720 - Test Scenarios

## **F720 Test 3**

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### Originator

EFIN – as assigned

Type -

PractitionerPin

EFIN – as assigned

PIN

PinEnteredBy – n/a

SignatureOption – Binary attachment 8453-EX

ReturnType - 720

TaxPeriodBeginDate –

TaxPeriodEndDate –

Quarter End Date – 201303

### Filer

EIN - 00-1300001

Name – WCSM Cooperative & Sub

NameControl - WCSM

USAddress – 4567 Hickory Lane La Vergne TN 37086

### Officer

Name – Stephen M Hoffman

Title - President

Phone – 6157938522

EmailAddress -

DateSigned – self select

TaxpayerPin – self select

### Preparer

Name – Thomas Doe

SSN or PTIN – -000000002

Phone -6157932222

EmailAddress -

DatePrepared –self select

SelfEmployed – Y

TaxYear - 2013

BinaryAttachmentCount -1 8453-EX Excise Tax Declaration for an IRS e-file Return

# Form 720 - Test Scenarios

<b>720 ATS Test #3</b>	<b>Quarterly Federal Excise Tax Return</b>	<b>TY 2013</b>
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Name:	WCSM Cooperative & Sub
Taxpayer identification number:	00-1300001
Number, street, and room:	4567 Hickory Lane
City or town, State, Zip code:	La Vergne TN 37086

Line	Data
Final return checkbox	<input type="checkbox"/>
Address change checkbox	<input type="checkbox"/>

## FORM 720 - PART I

IRS No	Environmental Taxes (attach Form 6627)	Tax	IRS No
18	Domestic petroleum oil spill tax	<b>629488.56</b>	18
21	Imported petroleum products oil spill tax	<b>81251704</b>	21
98	Ozone-depleting chemicals (ODCs)		98
19	ODC tax on imported products		19

IRS No	Communications and Air Transportation Taxes	Tax	IRS No
22	Local telephone service, toll telephone service, and teletypewriter exchange service		22
26	Transportation of persons by air		26
28	Transportation of property by air		28
27	Use of international air travel facilities		27

## Form 720 - Test Scenarios

IRS No	Fuel Taxes	Number of gallons	Rate	Tax	IRS No
60	60(a) - Diesel, tax on removal at terminal rack	<b>25498305</b>	.244		
	60(b) - Diesel, tax on taxable events other than removal at terminal rack		.244	<b>6221586.40</b>	60
	60 (c) – Diesel, tax on sale or removal of biodiesel mixture other than removal at terminal rack		.244		
104	Diesel-water emulsion		.198		104
105	Dyed diesel, LUST tax	<b>3152211</b>	.001	<b>3152.21</b>	105
107	Dyed kerosene, LUST tax		.001		107
119	LUST tax, other exempt removals (see instructions)		.001		119
35	(a) Kerosene, tax on removal at terminal rack (see instructions)	6579612	.244	1605425.33	35
	(b) Kerosene, tax on taxable events other than removal at terminal rack		.244		
69	Kerosene for use in aviation (see instructions)		.219		69
77	Kerosene for use in commercial aviation (other than foreign trade)		.044		77
111	Kerosene for use in aviation, LUST tax on nontaxable uses, including foreign trade		.001		111
79	Other fuels (see instructions)				79
62	(a) Gasoline, tax on removal at terminal rack	<b>86986957</b>	.184	<b>16005600.09</b>	62
	(b) Gasoline, tax on taxable events other than removal at terminal rack		.184		
13	Any liquid fuel used in a fractional ownership program aircraft		.141		13
14	Aviation gasoline		.194		14
112	Liquefied petroleum gas (LPG)		.183		112
118	“P Series” fuels		.184		118
120	Compressed natural gas (CNG) (GGE = 126.67 cu. ft.)		.183		120
121	Liquefied hydrogen		.184		121

## Form 720 - Test Scenarios

<b>IRS No</b>	<b>Fuel Taxes</b>	<b>Number of gallons</b>	<b>Rate</b>	<b>Tax</b>	<b>IRS No</b>
122	Fischer-Tropsch process liquid fuel from coal (including peat)		.244		122
123	Liquid fuel derived from biomass		.244		123
124	Liquefied natural gas (LNG)		.243		124

<b>IRS No</b>	<b>Retail Tax</b>	<b>Rate</b>	<b>Tax</b>	<b>IRS No</b>
33	Truck, trailer, and semitrailer chassis and bodies, and tractors	12% of sales price		33

<b>IRS No</b>	<b>Ship Passenger Tax</b>	<b>Number of persons</b>	<b>Rate</b>	<b>Tax</b>	<b>IRS No</b>
29	Transportation by water		\$3 per person		29

<b>IRS No</b>	<b>Other Excise Tax</b>	<b>Amount of obligations</b>	<b>Rate</b>	<b>Tax</b>	<b>IRS No</b>
31	Obligations not in registered form		.01		31

<b>IRS No</b>	<b>Foreign Insurance Taxes</b>	<b>Premiums paid</b>	<b>Rate</b>	<b>Tax</b>	<b>IRS No</b>
30	Policies issued by foreign insurers (see instructions) Casualty insurance and indemnity bonds		.04		30
	Life insurance, sickness and accident policies, and annuity contracts		.01		
	Reinsurance		.01		

## Form 720 - Test Scenarios

IRS No	Manufacturers Taxes	Number of tons	Sales price	Rate	Tax	IRS No
36	Coal—Underground mined			\$1.10 per ton		36
37	Coal—Underground mined			4.4% of sales price		37
38	Coal—Surface mined			\$.55 per ton		38
39	Coal—Surface mined			4.4% of sales price		39

IRS No	Manufacturers Taxes	Rate	Tax	IRS No
108	Taxable tires other than bias ply or super single tires (see instructions)			108
109	Taxable bias ply or super single tires (other than super single tires designed for steering) (see instructions)			109
113	Taxable tires, super single tires designed for steering (see instructions)			113

IRS No	Manufacturers Taxes	Tax	IRS No
40	Gas guzzler tax. Attach Form 6197. Check if one-time filing. <input type="checkbox"/>		40

IRS No	Manufacturers Taxes	Tax	IRS No	
97	Vaccines (see instructions)		97	
136	Taxable medical devices	<b>Sales price</b>	2.3% of sales price	136

<b>1</b>	<b>Total.</b> Add all amounts in Part I. Complete Schedule A unless one-time filing	<b>25277769.65</b>
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# Form 720 - Test Scenarios

## FORM 720 - PART 2

IRS No		Rate	Tax	IRS No
	RESERVED			
41	Sport fishing equipment (other than fishing rods and fishing poles)	10% of sales price		41
110	Fishing rods and fishing poles (limits apply, see instructions)	10% of sales price		110
42	Electric outboard motors	3% of sales price		42
114	Fishing tackle boxes	3% of sales price		114
44	Bows, quivers, broadheads, and points	11% of sales price		44
106	Arrow shafts	\$.48 per shaft		106
140	Indoor tanning services	10% of amount paid		140

IRS No		Number of gallons	Rate	Tax	IRS No
64	Inland waterways fuel use tax		\$.20		64
125	LUST tax on inland waterways fuel use (see instructions)		.001		125
51	Alcohol sold as but not used as fuel (see instructions)				51
117	Biodiesel sold as but not used as fuel (see instructions)				117

IRS No	Floor Stocks Tax	Tax	IRS No
20	Ozone-depleting chemicals (floor stocks). Attach Form 6627.		20

<b>2</b>	<b>Total.</b> Add all amounts in Part II.	
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## FORM 720 - PART 3

<b>3</b>	Total tax. Add line 1, Part I, and line 2, Part II	<b>3</b>	<b>25277769.65</b>
<b>4</b>	Claims (see instructions; complete Schedule C)	<b>4</b>	

## Form 720 - Test Scenarios

<b>5</b>	Deposits made for the quarter	<b>5</b>	<b>30183990.00</b>
	Check here if you used the safe harbor rule to make your deposits. <input type="checkbox"/>		
<b>6</b>	Overpayment from previous quarters	<b>6</b>	<b>33120.00</b>
<b>7</b>	Enter the amount from Form 720X included on line 6, if any	<b>7</b>	<b>33120.00</b>
<b>8</b>	Total of lines 5 and 6	<b>8</b>	<b>30217110.00</b>
<b>9</b>	Add lines 4 and 8	<b>9</b>	<b>30217110.00</b>
<b>10</b>	Balance Due. If line 3 is greater than line 9, enter the difference. Pay the full amount with the return. Enclose Form 720-V with your check or money order for full amount payable to the "United States Treasury." Write your EIN, "Form 720," and the quarter on it	<b>10</b>	
<b>11</b>	Overpayment. If line 9 is greater than line 3, enter the difference.	<b>11</b>	<b>4939340.35</b>
	Check if you want the overpayment: Applied to your next return, <input type="checkbox"/>		
	Check if you want the overpayment: Refunded to you. <input checked="" type="checkbox"/>		

# Form 720 - Test Scenarios

## FORM 720 - SCHEDULE A Schedule A Excise Tax Liability (see instructions)

### 1 Regular method taxes

(a) Record of Net Tax Liability	Period			
	1st–15th day		16th–last day	
First month	<b>A</b>	<i>4162192.08</i>	<b>B</b>	<i>4162192.08</i>
Second month	<b>C</b>	<i>4195055.46</i>	<b>D</b>	<i>4195055.46</i>
Third month	<b>E</b>	<i>4281637.29</i>	<b>F</b>	<i>4281637.28</i>
Special rule for September*			<b>G</b>	
(b) Net liability for regular method taxes. Add the amounts for each semimonthly period.				<i>25277769.65</i>

### 2 Alternative method taxes (IRS Nos. 22, 26, 28, and 27)

(a) Record of Taxes Considered as Collected	Period			
	1st–15th day		16th–last day	
First month	<b>M</b>		<b>N</b>	
Second month	<b>O</b>		<b>P</b>	
Third month	<b>Q</b>		<b>R</b>	
Special rule for September*			<b>S</b>	
(b) Alternative method taxes. Add the amounts for each semimonthly period. Complete only as instructed. See the instructions.				

## Form 720 - Test Scenarios

### FORM 720 - SCHEDULE T

#### Two-Party Exchange Information Reporting (see instructions)

Fuel	Number of gallons
<b>Diesel fuel</b> , gallons received in a two-party exchange within a terminal, included on IRS No. 60(a) on Form 720	
<b>Diesel fuel</b> , gallons delivered in a two-party exchange within a terminal	
<b>Kerosene</b> , gallons received in a two-party exchange within a terminal, included on IRS No. 35(a), 69, 77, or 111 on Form 720	
<b>Kerosene</b> , gallons delivered in a two-party exchange within a terminal	
<b>Gasoline</b> , gallons received in a two-party exchange within a terminal, included on IRS No. 62(a) on Form 720	
<b>Gasoline</b> , gallons delivered in a two-party exchange within a terminal	
<b>Aviation gasoline</b> , gallons received in a two-party exchange within a terminal, included on IRS No. 14 on Form 720	
<b>Aviation gasoline</b> , gallons delivered in a two-party exchange within a terminal	

# Form 720 - Test Scenarios

## Form 720 Schedule C - Claims

Complete Schedule C for claims only if you are reporting liability in Part I or II of Form 720.

Month your income tax year ends	
---------------------------------	--

1	Nontaxable Use of Gasoline	Period of claim			YYYYMMDD- YYYYMMDD	
		Type of use	Rate	Gallons	Amount of claim	CRN
a	Gasoline		\$.183			362
b	Exported		.184			411

2	Nontaxable Use of Aviation Gasoline	Period of claim			YYYYMMDD- YYYYMMDD	
		Type of use	Rate	Gallons	Amount of claim	CRN
a	Used in commercial aviation (other than foreign trade)		\$.15			354
b	Other nontaxable use		.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	Period of claim			YYYYMMDD- YYYYMMDD	
		Type of use	Rate	Gallons	Amount of claim	CRN
a	Nontaxable use		\$.243			360
b	Use in trains		.243			353
c	Use in certain intercity and local buses		.17			350
d	Use on a farm for farming purposes		.243			360
e	Exported		.244			413

## Form 720 - Test Scenarios

4	Nontaxable Use of Undyed Kerosene (Other Than Kerosene Used in Aviation)	Period of claim			YYYYMMDD-YYYYMMDD	
		Type of use	Rate	Gallons	Amount of claim	CRN
a	Nontaxable use		\$.243			346
b	Use in certain intercity and local buses		.17			347
c	Use on a farm for farming purposes		.243			346
d	Exported		.244			414
e	Nontaxable use faxed at \$.044		.043			377
f	Nontaxable use taxed at \$.219		.218			369

5	Kerosene Used in Aviation	Period of claim			YYYYMMDD-YYYYMMDD	
		Type of use	Rate	Gallons	Amount of claim	CRN
a	Kerosene used in commercial aviation (other than foreign trade) taxed at \$.244		\$.200			346
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

## Form 720 - Test Scenarios

<b>6 Nontaxable Use of Alternative Fuel</b>					
	Type of use	Rate	Gallons or gasoline gallon equivalents (GGE)	Amount of claim	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
e	Fischer-Tropsch process liquid fuel from coal (including peat)	.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	Sales by Registered Ultimate Vendors of Undyed Diesel Fuel	Period of claim		YYYYMMDD-YYYYMMDD	
		Registration Number			
		Rate	Gallons	Amount of claim	CRN
a	Use by a state or local government	\$.243			360
b	Use in certain intercity and local buses	.17			350

8	Sales by Registered Ultimate Vendors of Undyed Kerosene (Other Than Kerosene For Use in Aviation)	Period of claim		YYYYMMDD-YYYYMMDD	
		Registration Number			
		Rate	Gallons	Amount of claim	CRN
a	Use by a state or local government	\$.243			346
b	Sales from a blocked pump	.243			346
c	Use in certain intercity and local buses	.17			347

## Form 720 - Test Scenarios

9	Sales by Registered Ultimate Vendors of Kerosene For Use in Aviation	Registration Number				
		Type of use	Rate	Gallons	Amount of claim	CRN
a	Use in commercial aviation (other than foreign trade) taxed at \$.219		\$.175			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

10	Sales by Registered Ultimate Vendors of Gasoline	Registration Number			
		Rate	Gallons	Amount of claim	CRN
a	Use by a nonprofit educational organization	\$.183			362
b	Use by a state or local government	.183			362

11	Sales by Registered Ultimate Vendors of Aviation Gasoline	Registration Number			
		Rate	Gallons	Amount of claim	CRN
a	Use by a nonprofit educational organization	\$.193			324
b	Use by a state or local government	.193			324

## Form 720 - Test Scenarios

<b>12</b>	<b>Alcohol Fuel Mixture Credit</b>	<b>Period of claim</b>		<b>YYYYMMDD- YYYYMMDD</b>	
		<b>Registration Number</b>			
		<b>Rate</b>	<b>Gal. of Alcohol</b>	<b>Amount of claim</b>	<b>CRN</b>
a	Reserved				
b	Reserved				

<b>13</b>	<b>Biodiesel or Renewable Diesel Mixture Credit</b>	<b>Period of claim</b>		<b>YYYYMMDD- YYYYMMDD</b>	
		<b>Registration Number</b>			
		<b>Rate</b>	<b>Gal. of Biodiesel or Renewable Diesel</b>	<b>Amount of claim</b>	<b>CRN</b>
a	Biodiesel (other than agri-biodiesel) mixtures	\$1.00		\$	388
b	Agri-biodiesel mixtures	1.00			390
c	Renewable diesel mixtures	1.00			307

<b>14</b>	<b>Alternative Fuel Credit and Alternative Fuel Mixture Credit</b>	<b>Registration Number</b>			
		<b>Rate</b>	<b>Gallons or gasoline gallon equivalents (GGE)</b>	<b>Amount of claim</b>	<b>CRN</b>
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	Fischer-Tropsch process liquid fuel from coal (including peat)	.50			430
f	Liquid fuel derived from biomass	.50			431
g	Liquefied natural gas (LNG)	.50			432
h	Liquefied gas derived from biomass	.50			436
i	Compressed gas derived from biomass (GGE = 121 cu. ft.)	.50			437

## Form 720 - Test Scenarios

<b>15 Other claims</b>			
		<b>Amount of claim</b>	<b>CRN</b>
a	Section 4051(d) tire credit (tax on vehicle reported on IRS No. 33)	\$	366
b	Exported dyed diesel fuel (see Caution above line 1 on page 4)		415
c	Exported dyed kerosene (see Caution above line 1 on page 4)		416
d	Diesel-water fuel emulsion (see instructions)		
e	Registered credit card issuers		
		<b>Amount of claim</b>	<b>CRN</b>
		<b>Number of Tires</b>	<b>CRN</b>
f	Taxable tires other than bias ply or super single tires	\$	396
g	Taxable tires, bias ply or super single tires designed for steering		304
h	Taxable tires, super single tires designed for steering		305
i	Medical device claims		438
j			
k			

		<b>Amount of claim</b>	<b>CRN</b>
<b>16</b>	Total claims. Add all amounts on lines 1–15. Enter the result here and on page 2, Part III, line 4 of Form 720.	<b>16</b>	

## Form 6627

<b>Form 6627 Test #3</b>	<b>Environmental Taxes</b>	<b>TY 2013</b>
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Name:	WCSN Cooperative & Sub
Taxpayer identification number:	00-1300001
Number, street, and room:	4567 Hickory Lane
City or town, State, Zip code:	La Vergne TN 37086

# Form 720 - Test Scenarios

## Form 6627 - Part I Tax on Petroleum

		(a) Barrels	(b) Rate	(c) Tax
<b>1</b>	Crude oil received at a U.S. refinery	<b>7868607</b>		
<b>2</b>	Crude oil taxed before receipt at refinery			
<b>3</b>	Taxable crude oil. Subtract line 2 from line 1. Multiply column (a) by column (b) and enter the amount of tax in column (c)	<b>7868607</b>	<b>\$.08 bbl.</b>	<b>629488.56</b>
<b>4</b>	Crude oil used in or exported from the U.S. before the tax was imposed. Multiply column (a) by column (b) and enter the amount of tax in column (c)		<b>\$.08 bbl.</b>	
<b>5</b>	Total domestic petroleum oil spill tax. Add lines 3 and 4, column (c). Enter the total here and on Form 720 on the line for IRS No. 18			<b>629488.56</b>
<b>6</b>	Imported petroleum products oil spill tax. Enter the number of barrels imported in column (a). Multiply column (a) by column (b) and enter the amount of tax in column (c). Also enter the amount on Form 720 on the line for IRS No. 21	<b>10156463</b>	<b>\$.08 bbl.</b>	<b>812517.04</b>

## Form 6627 - Part II Tax on Ozone-Depleting Chemicals (ODCs), IRS No. 98

Elections. If you elect to report the tax on post-1989 ODCs at the time you sell or use a mixture containing such chemicals instead of when you make the mixture, check this box (the 1990 election)	<input checked="" type="checkbox"/>
--	-------------------------------------

If you elect to report the tax on post-1990 ODCs at the time you sell or use a mixture containing such chemicals instead of when you make the mixture, check this box (the 1991 election)	<input checked="" type="checkbox"/>
---	-------------------------------------

	(a) ODC	(b) Number of pounds	(c) Tax per pound (see Part II instructions)	(d) Tax (multiply column (b) by column (c))
<b>1</b>				
<b>2</b>				

## Form 720 - Test Scenarios

	(a) ODC	(b) Number of pounds	(c) Tax per pound (see Part II instructions)	(d) Tax (multiply column (b) by column (c))
<b>3</b>				
<b>4</b>	Total ozone-depleting chemicals tax. Add all amounts in column (d), include amounts from any additional sheets. Enter the total here and on Form 720 on the line for IRS No. 98			

## Form 6627 - Part III - ODC Tax on Imported Products, IRS No. 19

Election. If you elect to report the tax on imported products at the time you import the products instead of when you sell or use the products, check this box	<input type="checkbox"/>
--	--------------------------

	(a) Imported product and the applicable ODC	(b) Number of products	(c) ODC weight of product	(d) Tax per pound	(e) Entry value	(f) Tax (see Part III instructions)
<b>1</b>						
<b>2</b>						
<b>3</b>						
<b>4</b>	Total ODC tax on imported products. Add all amounts in column (f), include amounts from any additional sheets. Enter the total here and on Form 720 on the line for IRS No. 19					

## Form 6627 - Part IV - Tax on Floor Stocks of ODCs, IRS No. 20

	(a) ODC	(b) Number of pounds	(c) Tax per pound (see Part IV instructions)	(d) Tax (multiply column (b) by column (c))
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>	Total floor stocks tax. Add all amounts in column (d), include amounts from any additional sheets. Enter the total here and on Form 720 on the line for IRS No. 20			

Form 720 - Test Scenarios

**Exhibit 6- Tax Year 2013 2290 Test Scenarios**

# Form 2290 - Test 1

## ***F2290 Schedule 1 test 1***

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### Originator

EFIN: as assigned

Type -

PractitionerPIN

EFIN: as assigned

PIN:

PINEnteredBy: Taxpayer

SignatureOption: PIN Number

ReturnType: 2290

FirstUsedDate: 201307

### Filer

EIN- 001400004

Name: SGFN Transport

NameControl - SGFN

USAddress: 6 South Lake Court Antioch CA 90210

### Officer

Name: James R Cook

Title: President

Phone: 9253822121

EmailAddress:

DateSigned: self select

TaxpayerPIN: self select

### Preparer

Name: Thomas Doe

PT1N: P000000005

Phone - 9253822222

EmailAddress -

DatePepared - self select

SelfEmployed: Y

TaxYear: 2013

binaryAttachmentCount - 0

# Form 2290 - Test 1

## IRS PAYMENT:

RTN: 011201526

ACCT #: 1234000000

TYPE OF ACCOUNT: Checking

AMOUNT OF PAYMENT: 1100.00

REQUESTED PAYMENT DATE: The "RequestedPaymentDate" in the IRS Payment Record must not be less than the "Received Date". Also, if the IRS Payment Record is present, the "Received Date" can not be a weekend date or FRB holiday

TAXPAYER DAYTIME PHONE NUMBER: 9253822121

# Form 2290 - Test 1

<b>Form 2290 Schedule 1 Test #1</b>	<b>Heavy Highway Vehicle Use Tax Return</b>	<b>TY 2013</b>
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Name:	SGFN Transport	
Taxpayer identification number:	001400004	
Number, street, and room:	6 South Lake Court	
City or town, State, Zip code:	Antioch CA 90210	

	<b>Line Description</b>	<b>Line Value</b>	<b>Write-in / Literal / Attachments</b>
	Amended Return Checkbox for e-File only		
	Form 2290, Amended Return as of Month for e-File only		
	Address Change Checkbox		
	Final return checkbox		
	Part I, Line 1, First Used	201307	
	Part I, Line 2 - Tax. Enter the Total from Form 2290, page 2, column (4)	1100.00	
	Part I, Line 3, Additional Tax - Taxable Gross Weight Increase Worksheet Attachments Fixed = TGWIncreaseWorksheet		
	Part I, Line 4 - Total Tax	1100.00	
	Part I, Line 5 Amount		
	Part I, Line 6 Amount	1100.00	
	Part I, Line 6 EFTPS Payment Checkbox		
	Part II Line 7 - 5000 Miles Checkbox		
	Part II, Line 7 - 7500 miles or less for agricultural vehicles checkbox		
	Part II, Line 8a, Not Subject To The Tax Checkbox		
	Part II, Line 8b, Vehicle identification numbers		
	Part II, Line 9, Suspended Vehicle identification numbers		
	Part II, Line 9, Suspended Vehicles Were Sold Or Transferred To		
	Part II, Line 9, Suspended Vehicles Were Sold Or Transferred On		

# Form 2290 - Test 1

Category	Taxable Gross Weight (in pounds)	(1) Annual tax (vehicles used during July)		(2) Partial-period tax vehicles first used after July) See the tables on page 10 of the instructions.)		(3) Number of Vehicles		(4) Amount of tax (col. (1) or (2) times col. (3))	Category
		(a) Vehicles Except Logging*	(b) Logging Vehicles*	(a) Vehicles Except Logging*	(b) Logging Vehicles*	(a) Vehicles Except Logging*	(b) Logging Vehicles *		
A	55,000	\$100.00	\$75.00						A
B	55,001 – 56,000	122.00	91.50						B
C	56,001 – 57,000	144.00	108.00						C
D	57,001 – 58,000	166.00	124.50						D
E	58,001 – 59,000	188.00	141.00						E
F	59,001 – 60,000	210.00	157.50						F
G	60,001 – 61,000	232.00	174.00						G
H	61,001 – 62,000	254.00	190.50						H
I	62,001 – 63,000	276.00	207.00						I
J	63,001 – 64,000	298.00	223.50						J
K	64,001 – 65,000	320.00	240.00						K
L	65,001 – 66,000	342.00	256.50						L
M	66,001 – 67,000	364.00	273.00						M
N	67,001 – 68,000	386.00	289.50						N
O	68,001 – 69,000	408.00	306.00						O
P	69,001 – 70,000	430.00	322.50						P
Q	70,001 – 71,000	452.00	339.00						Q
R	71,001 – 72,000	474.00	355.50						R
S	72,001 – 73,000	496.00	372.00						S
T	73,001 – 74,000	518.00	388.50						T
U	74,001 – 75,000	540.00	405.00						U
V	Over 75,000	550.00	412.50			2		1100.00	V
Totals. Add the number of vehicles in columns (3a) and (3b). Enter the total here (this should be the same total of taxable vehicles shown on Schedule 1, Part II, line c). Add the amounts in column (4). Enter the total here and on Form 2290, line 2						2		\$1100.00	
W	Tax-Suspended Vehicles (See Part II in the instructions.)								

# Form 2290 - Test 1

## Form 2290, Schedule 1, Part I

Vehicles on Which You Are Reporting Tax. Enter VIN and category.

	VIN	Category
1	1FUPBDB6PR5537422	V
2	CA213HP1731082348	V
3		
4		
5		

---

## Form 2290, Schedule 1, Part II

### Summary of Reported Vehicles

- |  |   |   |
|--|---|---|
| a. Total number of vehicles  | a | 2 |
| b. Enter the total number of taxable vehicles on which the tax is suspended (category W) | b |   |
| c. Total number of taxable vehicles. Subtract line b from line a                         | c | 2 |

# Form 2290 - Test 2

## ***F2290 Schedule 1 test 2***

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### Originator

EFIN: as assigned

Type -

PractitionerPIN

EFIN: as assigned

PIN

PINEnteredBy: Taxpayer

SignatureOption: PIN Number

ReturnType - 2290

FirstUsedDate: 201307

### Filer

EIN- 001500011

Name: PMSN Cargo Transport

NameControl - PMSN

USAddress -23 North Avenue Reading PA 19610

### Officer

Name: James R Cook

Title - President

Phone: 7035642121

EmailAddress -

DateSigned: self select

TaxpayerPIN: self select

### Preparer

Name: Thomas Doe

PT1N: P000000006

Phone -7035642222

EmailAddress -

DatePepared -self select

SelfEmployed: Y

TaxYear - 2013

binaryAttachmentCount - 0

# Form 2290 - Test 2

<b>Form 2290 Schedule 1 Test #2</b>	<b>Heavy Highway Vehicle Use Tax Return</b>	<b>TY 2013</b>
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Name:	PMSN Cargo Transport
Taxpayer identification number:	001500011
Number, street, and room:	23 North Avenue
City or town, State, Zip code:	Reading PA 19610

	<b>Line Description</b>	<b>Line Value</b>	<b>Write-in / Literal / Attachments</b>
	Amended Return Checkbox for e-File only		
	Form 2290, Amended Return as of Month for e-File only		
	Address Change Checkbox		
	Final return checkbox		
	Part I, Line 1, First Used	201307	
	Part I, Line 2 - Tax. Enter the Total from Form 2290, page 2, column (4)	16098.00	
	Part I, Line 3, Additional Tax - Taxable Gross Weight Increase Worksheet Attachments Fixed = TGWIncreaseWorksheet		
	Part I, Line 4 - Total Tax	16098.00	
	Part I, Line 5 Amount		
	Part I, Line 6 Amount	16098.00	
	Part I, Line 6 EFTPS Payment Checkbox	X	
	Part II Line 7 - 5000 Miles Checkbox		
	Part II, Line 7 - 7500 miles or less for agricultural vehicles checkbox		
	Part II, Line 8a, Not Subject To The Tax Checkbox		
	Part II, Line 8b, Vehicle identification numbers		
	Part II, Line 9, Suspended Vehicle identification numbers		
	Part II, Line 9, Suspended Vehicles Were Sold Or Transferred To		
	Part II, Line 9, Suspended Vehicles Were Sold Or Transferred On		

# Form 2290 - Test 2

Category	Taxable Gross Weight (in pounds)	(1) Annual tax (vehicles used during July)		(2) Partial-period tax vehicles first used after July) See the tables on page 10 of the instructions.)		(3) Number of Vehicles		(4) Amount of tax (col. (1) or (2) times col. (3))	Category
		(a) Vehicles Except Logging*	(b) Logging Vehicles*	(a) Vehicles Except Logging*	(b) Logging Vehicles*	(a) Vehicles Except Logging*	(b) Logging Vehicles *		
A	55,000	\$100.00	\$75.00						A
B	55,001 – 56,000	122.00	91.50						B
C	56,001 – 57,000	144.00	108.00						C
D	57,001 – 58,000	166.00	124.50						D
E	58,001 – 59,000	188.00	141.00						E
F	59,001 – 60,000	210.00	157.50						F
G	60,001 – 61,000	232.00	174.00						G
H	61,001 – 62,000	254.00	190.50						H
I	62,001 – 63,000	276.00	207.00			1		276.00	I
J	63,001 – 64,000	298.00	223.50						J
K	64,001 – 65,000	320.00	240.00						K
L	65,001 – 66,000	342.00	256.50						L
M	66,001 – 67,000	364.00	273.00						M
N	67,001 – 68,000	386.00	289.50						N
O	68,001 – 69,000	408.00	306.00						O
P	69,001 – 70,000	430.00	322.50						P
Q	70,001 – 71,000	452.00	339.00						Q
R	71,001 – 72,000	474.00	355.50						R
S	72,001 – 73,000	496.00	372.00						S
T	73,001 – 74,000	518.00	388.50			4		2072.00	T
U	74,001 – 75,000	540.00	405.00						U
V	Over 75,000	550.00	412.50			25		13750.00	V
Totals. Add the number of vehicles in columns (3a) and (3b). Enter the total here (this should be the same total of taxable vehicles shown on Schedule 1, Part II, line c). Add the amounts in column (4). Enter the total here and on Form 2290, line 2						30		16098.00	
W	Tax-Suspended Vehicles (See Part II in the instructions.)								

# Form 2290 - Test 2

## Form 2290, Schedule 1, Part I

Vehicles on Which You Are Reporting Tax. Enter VIN and category.

	VIN	Category
1.	1XP5DB9X1XN463492	V
2.	1XKWD89X8XR828981	V
3.	1XKWDB9X2YR852839	V
4.	1FVHAHAV03DK81663	V
5.	4V4NC9GH16N430536	V
6.	2HSCNAER5YC044891	T
7.	1FUYDSEB9SH605922	T
8.	1HSHBADNXSH612002	I
9.	4V4NC9GH16N430553	V
10.	4V4NC9GH56N430538	V
11.	1FUJA6CK15LN39534	V
12.	1FUJA6CK55LN39536	V
13.	4V4ND1RJ3YN789114	V
14.	1FUYDSEB5YPB82581	V
15.	1FUYDSEB3YPB82515	V
16.	1FUYSSEB0YLG56420	V
17.	1FUJA6CV25DN73986	T
18.	1M1AA13Y6VW077873	V
19.	1FUYSSZB2WL887789	V
20.	4V4NC9GH91N308600	V
21.	1FUJAPCGX1LH74464	V
22.	1FUJA6CG75LN39484	V
23.	1FUJA6CGX5LN39432	V
24.	1FUJA6CG55LN47552	V
25.	1FUY1WEB51PF77396	V
26.	1FUYDSEB9RP770935	V
27.	1FUYDCYB7SH747218	V
28.	2HSFHAMR5XC066815	V
29.	2HSFHAMR4XC066840	T
30.	1FUY1WEB31PF77395	V

---

## Form 2290, Schedule 1, Part II Summary of Reported Vehicles

- |  |   |    |
|--|---|----|
| a. Total number of vehicles  | a | 30 |
| b. Enter the total number of taxable vehicles on which the tax is suspended (category W) | b |    |
| c. Total number of taxable vehicles. Subtract line b from line a                         | c | 30 |

# Form 2290 - Test 3

## ***F2290 Schedule 1 test 3***

---

### Originator

EFIN: as assigned

Type -

PractitionerPIN

EFIN: as assigned

PIN

PINEnteredBy: Taxpayer

SignatureOption: PIN Number

ReturnType - 2290

FirstUsedDate: 201307

### Filer

EIN- 001600012

Name: BSCN National Transport

NameControl - BSCN

USAddress: 4556 Oak Lane Fairfax VA 22035

### Officer

Name: Thomas P Ship

Title - President

Phone - 7032953333

EmailAddress -

DateSigned: self select

TaxpayerPIN: self select

### Preparer

Name: Thomas Doe

PT1N: P000000007

Phone -7032959090

EmailAddress -

DatePepared - self select

SelfEmployed: Y

TaxYear - 2013

binaryAttachmentCount - 0

# Form 2290 - Test 3

<b>Form 2290 Schedule 1 Test #3</b>	<b>Heavy Highway Vehicle Use Tax Return</b>	<b>TY 2013</b>
---	---	----------------

Name:	BSCN National Transport
Taxpayer identification number:	001600012
Number, street, and room:	4556 Oak Lane
City or town, State, Zip code:	Fairfax VA 22035

	<b>Line Description</b>	<b>Line Value</b>	<b>Write-in / Literal / Attachments</b>
	Amended Return Checkbox for e-File only		
	Form 2290, Amended Return as of Month for e-File only		
	Address Change Checkbox		
	Final return checkbox		
	Part I, Line 1, First Used	201307	
	Part I, Line 2 - Tax. Enter the Total from Form 2290, page 2, column (4)	37950.00	
	Part I, Line 3, Additional Tax - Taxable Gross Weight Increase Worksheet Attachments Fixed = TGWIncreaseWorksheet		
	Part I, Line 4 - Total Tax	37950.00	
	Part I, Line 5 Amount		
	Part I, Line 6 Amount	37950.00	
	Part I, Line 6 EFTPS Payment Checkbox	X	
	Part II Line 7 - 5000 Miles Checkbox		
	Part II, Line 7 - 7500 miles or less for agricultural vehicles checkbox		
	Part II, Line 8a, Not Subject To The Tax Checkbox		
	Part II, Line 8b, Vehicle identification numbers		
	Part II, Line 9, Suspended Vehicle identification numbers		
	Part II, Line 9, Suspended Vehicles Were Sold Or Transferred To		
	Part II, Line 9, Suspended Vehicles Were Sold Or Transferred On		

# Form 2290 - Test 3

Category	Taxable Gross Weight (in pounds)	(1) Annual tax (vehicles used during July)		(2) Partial-period tax vehicles first used after July) See the tables on page 10 of the instructions.)		(3) Number of Vehicles		(4) Amount of tax (col. (1) or (2) times col. (3))	Category
		(a) Vehicles Except Logging*	(b) Logging Vehicles*	(a) Vehicles Except Logging*	(b) Logging Vehicles*	(a) Vehicles Except Logging*	(b) Logging Vehicles *		
A	55,000	\$100.00	\$75.00						A
B	55,001 – 56,000	122.00	91.50						B
C	56,001 – 57,000	144.00	108.00						C
D	57,001 – 58,000	166.00	124.50						D
E	58,001 – 59,000	188.00	141.00						E
F	59,001 – 60,000	210.00	157.50						F
G	60,001 – 61,000	232.00	174.00						G
H	61,001 – 62,000	254.00	190.50						H
I	62,001 – 63,000	276.00	207.00						I
J	63,001 – 64,000	298.00	223.50						J
K	64,001 – 65,000	320.00	240.00						K
L	65,001 – 66,000	342.00	256.50						L
M	66,001 – 67,000	364.00	273.00						M
N	67,001 – 68,000	386.00	289.50						N
O	68,001 – 69,000	408.00	306.00						O
P	69,001 – 70,000	430.00	322.50						P
Q	70,001 – 71,000	452.00	339.00						Q
R	71,001 – 72,000	474.00	355.50						R
S	72,001 – 73,000	496.00	372.00						S
T	73,001 – 74,000	518.00	388.50						T
U	74,001 – 75,000	540.00	405.00						U
V	Over 75,000	550.00	412.50			69		37950.00	V
Totals. Add the number of vehicles in columns (3a) and (3b). Enter the total here (this should be the same total of taxable vehicles shown on Schedule 1, Part II, line c). Add the amounts in column (4). Enter the total here and on Form 2290, line 2						69		\$37950.00	
W	Tax-Suspended Vehicles (See Part II in the instructions.)								

# Form 2290 - Test 3

## Form 2290, Schedule 1, Part I Vehicles on Which You Are Reporting Tax. Enter VIN and category.

	<b>Vehicles Identification Number</b>	<b>Category</b>
1.	2FWJA6CG72AJ09169	V
2.	2FWJA6CG73AK81607	V
3.	2FWJA6CG23AK81613	V
4.	2FWJA6CG13AK81618	V
5.	2FWJA6CG13AK81621	V
6.	2FWJA6CG33AK81622	V
7.	2FWJA6CG53AK81623	V
8.	2FWJA6CG23AK81627	V
9.	2FWJA6CG43AK81628	V
10.	2FWJA6CG43AK81629	V
11.	2FWJA6CG43AK81630	V
12.	2FWJA6CG43AK81631	V
13.	2FWJA6CG43AK81633	V
14.	2FWJA6CG43AK81634	V
15.	2FWJA6CG43AK81637	V
16.	2FWJA6CG43AK81639	V
17.	2FWJA6CG43AK81640	V
18.	2FWJA6CG43AK81643	V
19.	2FWJA6CG43AK81645	V
20.	2FWJA6CG43AK81646	V
21.	2FWJA6CG43AK81647	V
22.	2FWJA6CG43AK81648	V
23.	2FWJA6CG43AK81651	V
24.	2FWJA6CG43AK81653	V
25.	2FWJA6CG43AK81654	V
26.	2FWJA6CG43AK81656	V
27.	3HSCNAMR53N064938	V
28.	3HSCNAMR73N064939	V
29.	5KJJAHC83PK87322	V
30.	5KJJAHC83PK87323	V
31.	5KJJAHC83PK87324	V
32.	5KJJAHC83PK87325	V
33.	5KJJAHC83PK87326	V
34.	5KJJAHC83PK87327	V
35.	5KJJAHC83PK87328	V
36.	5KJJAHC83PK87329	V
37.	5KJJAHC83PK87330	V
38.	5KJJAHC83PK87331	V
39.	2FWJA6CG32AJ09153	V
40.	2FWJA6CG32AJ09161	V
41.	2FWJA6CG62AJ09163	V
42.	2FWJA6CG3XAJ09165	V

# Form 2290 - Test 3

## Form 2290, Schedule 1, Part I

Vehicles on Which You Are Reporting Tax. Enter VIN and category.

	Vehicles Identification Number	Category
43.	2FWJA6CG32AJ09168	V
44.	2FWJA6CG13AK81604	V
45.	2FWJA6CG03AK81626	V
46.	2FWJA6CG33AK81636	V
47.	2FWJA6CG13AK81652	V
48.	2FWJA6CG73AK81655	V
49.	3HSCNAMRX3N064935	V
50.	3HSCNAMR13N064936	V
51.	3HSCNAMR33N064937	V
52.	2FWJA6CG92AJ09156	V
53.	2FWJA6CG02AJ09157	V
54.	2FWJA6CG22AJ09158	V
55.	2FWJA6CG12AJ09166	V
56.	2FWJA6CG32AJ09167	V
57.	2FWJA6CG32AJ09170	V
58.	2FWJA6CG52AJ09171	V
59.	2FWJA6CG73AK81624	V
60.	2FWJA6CG93AK81625	V
61.	2FWJA6CG63AK81632	V
62.	2FWJA6CG13AK81635	V
63.	2FWJA6CG73AK81638	V
64.	2FWJA6CG73AK81641	V
65.	2FWJA6CG93AK81642	V
66.	2FWJA6CG23AK81644	V
67.	2FWJA6CG13AK81649	V
68.	2FWJA6CG83AK81650	V
69.	2FWJA6CG12AJ09152	V

---

## Form 2290, Schedule 1, Part II Summary of Reported Vehicles

a. Total number of vehicles	a	69
b. Enter the total number of taxable vehicles on which the tax is suspended (category W)	b	
c. Total number of taxable vehicles. Subtract line b from line a	c	69

Form 8849 - Test 1

**Exhibit 7 – Tax Year 2013 8849 Test Scenarios**

# Form 8849 - Test 1

# 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 - 001700005  
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 -  
DatePepared –self select  
SelfEmployed – Y

TaxYear – 2013

binaryAttachmentCount - 0

# Form 8849 - Test 1

<b>Form 8849 Test #1</b>	<b>Claim for Refund of Excise Taxes</b>	<b>TY 2013</b>
--------------------------	---	----------------

Name:	ESIN SVCS INC	
Taxpayer identification number:	001700005	
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

<b>Form 8849 Schedule 1 - Test #1</b>	<b>Nontaxable Use of Fuels</b>	<b>TY 2013</b>
---------------------------------------	--------------------------------	----------------

Name:	ESIN SVCS INC	
Taxpayer identification number:	001700005	
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** **To**

*10012013* *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	
<b>a</b>	Gasoline (see Caution above line 1)	4	.183	<i>30250</i>	<i>5535.75</i>	362
<b>b</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	
<b>a</b>	Use in commercial aviation (other than foreign trade)		.15	<i>53042</i>	<i>7956.30</i>	354
<b>b</b>	Other nontaxable use (see Caution above line 1)		.193			324
<b>c</b>	Exported		.194			412
<b>d</b>	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	
<b>a</b>	Nontaxable use		.243			360
<b>b</b>	Use on a farm for farming purposes		.243			360
<b>c</b>	Use in trains		.243			353
<b>d</b>	Use in certain intercity and local buses (see Caution above line 1)		.17			350
<b>e</b>	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
<b>a</b>	Nontaxable use taxed at \$.244	.243			346
<b>b</b>	Use on a farm for farming purposes	.243			346
<b>c</b>	Use in certain intercity and local buses (see Caution above line 1)	.17			347
<b>d</b>	Exported	.244			414
<b>e</b>	Nontaxable use taxed at \$.044	.043			377
<b>f</b>	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
<b>a</b>	Kerosene used in commercial aviation (other than foreign trade) taxed at \$.244	.200	<b>79831</b>	<b>15966.20</b>	417
<b>b</b>	Kerosene used in commercial aviation (other than foreign trade) taxed at \$.219	.175			355
<b>c</b>	Nontaxable use (other than use by state or local government) taxed at \$.244	.243			346
<b>d</b>	Nontaxable use (other than use by state or local government) taxed at \$.219	.218			369
<b>e</b>	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
<b>a</b>	Liquefied petroleum gas (LPG)	.183			419
<b>b</b>	"P Series" fuels	.183			420
<b>c</b>	Compressed natural gas (CNG) (GGE=126.67 cu. ft.)	.183			421
<b>d</b>	Liquefied hydrogen	.183			422

# Form 8849 - Test 1

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of refund Multiply col. (b) by col. (c)	(e) CRN
<b>e</b>	Any liquid fuel derived from coal (including peat) through the Fischer-Tropsch process	.243			423
<b>f</b>	Liquid fuel derived from biomass	.243			424
<b>g</b>	Liquefied natural gas (LNG)	.243			425
<b>h</b>	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
<b>a</b>	Nontaxable use	.197			309
<b>b</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
<b>a</b>	Exported dyed diesel fuel and exported gasoline blendstocks taxed at \$.001	.001			415
<b>b</b>	Exported dyed kerosene	.001			416

## Form 8849 - Test 2

### Form 8849 with Schedule 2 - Test #2

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#### Originator

EFIN – as assigned

Type -

PractitionerPin

EFIN – as assigned

PIN

PinEnteredBy – n/a

SignatureOption – PIN Number

ReturnType - 8849

TYEndMonth –12

#### Filer

EIN - 001800006

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**

<b>Form 8849 with Schedule 2 - Test #2</b>	<b>Claim for Refund of Excise Taxes</b>	<b>TY 2013</b>
--	---	----------------

Name:	DSSN Self Services
Taxpayer identification number:	001800006
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
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Name:	DSSN Self Services
Taxpayer identification number:	001800006
Number, street, and room:	2601 Yellow Road
City or town, State, Zip code:	Moberly MO 65270

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**Total refund (see instructions) 4,857.78**

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

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**Claimant's registration no.**

<b>UV</b>	<b>4321451598UV</b>	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.
<b>UB</b>	<b>4321451598UB</b>	Complete for lines 1b and 2c.
<b>UP</b>	<b>4321451598UP</b>	Complete for line 2b.
<b>UA</b>	<b>4321451598UA</b>	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
<b>a</b>	Use by a state or local government	.243	<b>240</b>	<b>58.32</b>	360
<b>b</b>	Use in certain intercity and local buses	.17	<b>1764</b>	<b>299.88</b>	350

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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
<b>a</b> Use by a state or local government	.243	<b>2057</b>	<b>499.85</b>	346
<b>b</b> Sales from a blocked pump	.243	<b>4115</b>	<b>999.94</b>	346
<b>c</b> 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
<b>a</b>	Use in commercial aviation (other than foreign trade) taxed at \$.219	\$.175	<b>5714</b>	<b>999.95</b>	355
<b>b</b>	Use in commercial aviation (other than foreign trade) taxed at \$.244	.200			417
<b>c</b>	Nonexempt use in noncommercial aviation	.025			418
<b>d</b>	Other nontaxable uses taxed at \$.244	.243			346
<b>e</b>	Other nontaxable uses taxed at \$.219	.218			369
<b>f</b>	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
<b>a</b> Use by a nonprofit educational organization	.183	<b>5464</b>	<b>999.91</b>	362
<b>b</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
<b>a</b> Use by a nonprofit educational organization	\$.193	<b>5181</b>	<b>999.93</b>	324
<b>b</b> Use by a state or local government	\$.193			324

# Form 8849 - Test 2

## 6 Government Unit Information

Taxpayer Identification No.	Name	Gallons
<i>001800006</i>	<i>Dally Self Service</i>	<i>120</i>

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## 7 Nonprofit Educational Organization and Government Unit Information

Taxpayer Identification No.	Name	Gallons
<i>001800006</i>	<i>Dally Self Service</i>	<i>120</i>

---

## Form 8849 - Test 3

### Form 8849 with Schedule 3 - Test 3

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#### Originator

EFIN – as assigned

Type -

PractitionerPin

EFIN – as assigned

PIN

PinEnteredBy – n/a

SignatureOption – Binary attachment 8453-EX

ReturnType - 8849

TYEndMonth – 02

#### Filer

EIN - 001900007

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:	001900007
Number, street, and room:	2403 Purple Avenue
City or town, State, Zip code:	Osborne KS 67473

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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 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"/>

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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
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Name:	EFAN Fuel Association
Taxpayer identification number:	001900007
Number, street, and room:	2403 Purple Avenue
City or town, State, Zip code:	Osborne KS 67473

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

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

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

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**1 Reserved**

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

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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
<b>a</b>	Liquefied petroleum gas (LPG)	.50		426
<b>b</b>	"P Series" fuels	.50		427
<b>c</b>	Compressed natural gas (CNG)(GGE = 121 cu. ft.)	.50		428
<b>d</b>	Liquefied hydrogen	.50		429
<b>e</b>	Any liquid fuel derived from coal (including peat) through the Fischer-Tropsch process	.50		430
<b>f</b>	Liquid fuel derived from biomass	.50		431
<b>g</b>	Liquefied natural gas (LNG)	.50		432
<b>h</b>	Liquefied gas derived from biomass	.50	<b>1120</b>	<b>560.00</b>
<b>i</b>	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 00-1900007

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 - 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 – 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
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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

---

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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Form 8849 - Test 4

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

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

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

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**Part I Claim for Refund of Second Tax.**

Type of Fuel	(a) Amount of refund	(b) CRN
<b>1</b> Gasoline	<b>1657.00</b>	362
<b>2</b> Aviation gasoline		324
<b>3</b> Diesel fuel		360
<b>4</b> Kerosene		346
<b>5</b> Diesel-water fuel emulsion		309
<b>6</b> Dyed diesel fuel, dyed kerosene, and other exempt removals		303
<b>7</b> Kerosene for use in aviation		369
<b>8</b> 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
<b>1</b>	<b>06092013</b>	<b>10000</b>	<b>1657.00</b>

# Form 8849 - Test 4

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

DatePepared –self select

SelfEmployed – Y

TaxYear – 2013

binaryAttachmentCount - 0

# Form 8849 - Test 5

## **Form 8849 (with Schedule 6) - Test #5**

<b>Form 8849 with Schedule 6 - Test 5</b>	<b>Claim for Refund of Excise Taxes</b>	<b>TY 2013</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

---

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
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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

---

**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>05012013</i>	<i>06302013</i>

---

		<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>				

---

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

FSIN Services INC  
**EIN:** 001800008  
**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 - 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 – 2013

binaryAttachmentCount - 0

# Form 8849 - Test 6

## **Form 8849 (with Schedule 8) - Test #6**

<b>Form 8849 with Schedule 8 - Test 6</b>	<b>Claim for Refund of Excise Taxes</b>	<b>TY 2013</b>
---	---	----------------

Name:	SOCN Oil Company
Taxpayer identification number:	001900009
Number, street, and room:	5703 Red Oak Street
City or town, State, Zip code:	Lander WY 82520

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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 type="checkbox"/>
Schedule 8	Registered Credit Card Issuers	<input checked="" type="checkbox"/>

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Form 8849 - Test 6

**Schedule 8, Form 8849 - Registered Credit Card Issuers**

Form 8849 Schedule 8 - Test #6	Registered Credit Card Issuers	TY 2013
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Name:	SOCN Oil Company
Taxpayer identification number:	001900009
Number, street, and room:	5703 Red Oak Street
City or town, State, Zip code:	Lander WY 82520

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**Total refund (see instructions)** **629.88**

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

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**Period of claim: Enter month, day, and year in MMDDYYYY format.** **From** **To**  
*10012013* *12012013*

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**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

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**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

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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	<b>3442</b>	<b>629.88</b>	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

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