

Form 8849 with Schedule 2 - Test #2

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 –2025

binaryAttachmentCount - 0

Claim for Refund of Excise Taxes

► Information about Form 8849 and its instructions is at www.irs.gov/form8849.

Print clearly. Leave a blank box between words.

Name of claimant

D S S N S E L F S E R V I C E

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

2 6 0 1 Y E L L O W R D

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

M O B E R L Y M O

Foreign country, if applicable. Do not abbreviate.

Daytime telephone number (optional)

Employer identification number (EIN)

0 0 1 7 0 0 0 1 0

Social security number (SSN)

ZIP or foreign postal code

6 5 2 7 0

Month claimant's income tax year ends

1 2

Caution. Do not use Form 8849 to make adjustments to liability reported on Forms 720 for prior quarters or to claim any amounts that were or will be claimed on Form 720, Schedule C; Form 4136, Credit for Federal Tax Paid on Fuels; Form 2290, Heavy Highway Vehicle Use Tax Return; or Form 730, Monthly Tax Return for Wagers.

Schedules Attached

Check (✓) the appropriate box(es) for the schedule(s) you attach to Form 8849. Only attach the schedules on which you are claiming a refund. Schedules 2, 3, 5, and 8 cannot be filed with any other schedules on Form 8849. File each of these schedules with a separate Form 8849.

Schedule 1	Nontaxable Use of Fuels	<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"/>

Sign Here

Under penalties of perjury, I declare (1) that I have examined this claim, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and (2) that amounts claimed on this form have not been, and will not be, claimed on any other form. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature and title (if applicable)

Date

Type or print your name below signature.

Paid Preparer Use Only	Print/Type preparer's name Thomas Doe	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN 00000009
	Firm's name ►	Firm's EIN ►			
	Firm's address ►	Phone no. 6662632222			

**Schedule 2
(Form 8849)**

(Rev. December 2020)
Department of the Treasury
Internal Revenue Service

Sales by Registered Ultimate Vendors

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

OMB No. 1545-1420

Name as shown on Form 8849

EIN

Total refund (see instructions)

DSSN SELF SERVICE

001800006

\$ 4,857.78

Period of claim: Enter month, day, and year
in MMDDYYYY format.

From ▶

01012025

To ▶

12312025

- Claimant's registration no. ▶**
- U V** 4321451598UV
 - U B** 4321451598UB
 - U P** 4321451598UP
 - U A** 4321451598UA

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.
Complete for lines 1b and 2c.
Complete for line 2b.
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

Claimant sold the diesel fuel at a tax-excluded price, repaid the amount of tax to the buyer, or obtained written consent of the buyer to make the claim. **For line 1a**, claimant has obtained the required certificate from the buyer and has no reason to believe any information in the certificate is false. **For line 1b**, the registered ultimate vendor is eligible to make this claim only if the buyer waives their right to make the claim by providing the registered ultimate vendor with an unexpired waiver and has no reason to believe any of the information in the waiver is false. See the instructions for additional information to be submitted.

Claimant certifies that the diesel fuel did not contain visible evidence of dye.

Exception. If any of the diesel fuel included in this claim **did** contain visible evidence of dye, attach an explanation and check here

Caution: Claims cannot be made on line 1a for diesel fuel purchased by a state or local government for its exclusive use with a credit card issued to the state or local government by a credit card issuer.

	(a) Rate	(b) Gallons	(c) Amount of refund <i>Multiply col. (a) by col. (b)</i>	(d) CRN
a Use by a state or local government	\$.243	240	\$ 58.32	360
b Use in certain intercity and local buses	.17	1764	299.88	350

2 Sales by Registered Ultimate Vendors of Undyed Kerosene (Other Than Kerosene For Use in Aviation)

Claimant sold the kerosene at a tax-excluded price, repaid the amount of tax to the buyer, or obtained written consent of the buyer to make the claim. **For line 2a**, claimant has obtained the required certificate from the buyer and has no reason to believe any information in the certificate is false. **For line 2b**, claimant has a statement, if required, that contains the date of sale, name and address of the buyer, and the number of gallons of kerosene sold to the buyer. **For line 2c**, the registered ultimate vendor is eligible to make this claim only if the buyer waives their right to make the claim by providing the registered ultimate vendor with an unexpired waiver and has no reason to believe any of the information in the waiver is false. See the instructions for additional information to be submitted.

Claimant certifies that the kerosene did not contain visible evidence of dye.

Exception. If any of the kerosene included in this claim **did** contain visible evidence of dye, attach an explanation and check here

Caution: Claims cannot be made on line 2a for kerosene purchased by a state or local government for its exclusive use with a credit card issued to the state or local government by a credit card issuer.

	(a) Rate	(b) Gallons	(c) Amount of refund <i>Multiply col. (a) by col. (b)</i>	(d) CRN
a Use by a state or local government	\$.243	2057	\$ 499.85	346
b Sales from a blocked pump	.243	4115	999.94	
c Use in certain intercity and local buses	.17			347

Name as shown on Form 8849

EIN

DSSN SELF SERVICE**001800006****3 Sales by Registered Ultimate Vendors of Kerosene for Use in Aviation**

Claimant sold the kerosene for use in aviation at a tax-excluded price and has not collected the amount of tax from the buyer, repaid the amount of tax to the buyer, or has obtained written consent of the buyer to make the claim. **For lines 3a, 3b, 3d, 3e, and 3f**, the registered ultimate vendor is eligible to make this claim only if the buyer waives their right to make the claim by providing the registered ultimate vendor with an unexpired waiver and has no reason to believe any of the information in the waiver is false. **For line 3c**, claimant has obtained the required certificate from the buyer and has no reason to believe any of the information in the certificate is false. See the instructions for additional information to be submitted. See the instructions for sales of kerosene used in commercial aviation from March 28, 2020, through December 31, 2020.

	Type of use	(a) Rate	(b) Gallons	(c) Amount of refund <i>Multiply col. (a) by col. (b)</i>	(d) CRN
a	Use in commercial aviation (other than foreign trade) taxed at \$.219	\$.175	5714	\$ 999.95	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

4 Sales by Registered Ultimate Vendors of Gasoline

Claimant sold the gasoline at a tax-excluded price and has not collected the amount of tax from the buyer, repaid the amount of tax to the buyer, or has obtained written consent of the buyer to make the claim; and obtained an unexpired certificate from the buyer and has no reason to believe any information in the certificate is false. See the instructions for additional information to be submitted.

Caution: Claims cannot be made on line 4a or 4b for gasoline purchased by a state or local government or a nonprofit educational organization for its exclusive use with a credit card issued to the state or local government or nonprofit educational organization by the credit card issuer.

	(a) Rate	(b) Gallons	(c) Amount of refund <i>Multiply col. (a) by col. (b)</i>	(d) CRN	
a	Use by a nonprofit educational organization	\$.183	5464	\$ 999.91	362
b	Use by a state or local government	.183			

5 Sales by Registered Ultimate Vendors of Aviation Gasoline

Claimant sold the aviation gasoline at a tax-excluded price and has not collected the amount of tax from the buyer, repaid the amount of tax to the buyer, or has obtained written consent of the buyer to make the claim; and obtained an unexpired certificate from the buyer and has no reason to believe any information in the certificate is false. See the instructions for additional information to be submitted.

Caution: Claims cannot be made on line 5a or 5b for aviation gasoline purchased by a state or local government or a nonprofit educational organization for its exclusive use with a credit card issued to the state or local government or nonprofit educational organization by the credit card issuer.

	(a) Rate	(b) Gallons	(c) Amount of refund <i>Multiply col. (a) by col. (b)</i>	(d) CRN	
a	Use by a nonprofit educational organization	\$.193	5181	\$ 999.93	324
b	Use by a state or local government	.193			

Name as shown on Form 8849

EIN

DSSN SELF SERVICE

001800006

6 Government Unit Information

Complete if making a claim on lines 1a or 2a; or lines 3d and 3e for type of use 14. Enter the information below for each governmental unit to whom the fuel was sold. If more space is needed, attach additional sheets.

Taxpayer Identification No.	Name	Gallons
001800006	Dally Self Service	120

7 Nonprofit Educational Organization and Government Unit Information

Complete if making a claim on line 4a, 4b, 5a, or 5b. Enter the information below for each nonprofit educational organization or governmental unit to whom the gasoline or aviation gasoline was sold. If more space is needed, attach additional sheets.

Taxpayer Identification No.	Name	Gallons
001800006	Dally Self Service	120