

## Form 8849 with Schedule 3 - Test 3

### 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 – P00000010

Phone -7853462222

EmailAddress -

DatePrepared –self select

SelfEmployed – Y

TaxYear – 2025

binaryAttachmentCount - 1

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

# Claim for Refund of Excise Taxes

► Information about Form 8849 and its instructions is at [www.irs.gov/form8849](http://www.irs.gov/form8849).

Print clearly. Leave a blank box between words.

Name of claimant

E F A N F u e l A s s o c i a t i o n

Employer identification number (EIN)

0 0 1 9 0 0 0 0 7

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

2 4 0 3 P u r p l e A v e n u e

Social security number (SSN)

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

O s b o r n e K S

ZIP or foreign postal code

6 7 4 7 3

Foreign country, if applicable. Do not abbreviate.

Month claimant's income tax year ends

0 2

Daytime telephone number (optional)

**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 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"/>

**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.

<b>Paid Preparer Use Only</b>	Print/Type preparer's name Thomas Doe	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00000010
	Firm's name ▶	Firm's EIN ▶		Phone no. 785-34-2222	
	Firm's address ▶				

**Schedule 3  
(Form 8849)**

(Rev. January 2023)  
Department of the Treasury  
Internal Revenue Service

**Certain Fuel Mixtures  
and the Alternative Fuel Credit**

Attach to Form 8849. **Don't** file with any other schedule.  
Go to [www.irs.gov/Form8849](http://www.irs.gov/Form8849) for instructions and the latest information.

OMB No. 1545-1420

Name as shown on Form 8849 EFAN Fuel Association	EIN or SSN 00-1900007	Total refund (see instructions) \$ 1,183.00
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**Caution:** For instructions on how to make a one-time claim for the alternative fuel credit for the first, second, and third calendar quarters of 2022, see the instructions and Notice 2022-39. For the fourth calendar quarter of 2022 and later, the alternative fuel credits must first be taken on Form 720, Quarterly Federal Excise Return, as a credit against your alternative fuel or compressed natural gas (CNG) tax liability. If you have this tax liability and you didn't make the claim on Form 720, Schedule C, as a credit against that liability, you must first file Form 720-X, Amended Quarterly Federal Excise Tax Return, before Schedule 3 (Form 8849) can be used for the refund. You can't claim any amounts on Form 8849 that you claimed (or will claim) on Form 720, Schedule C; Form 720-X; or Form 4136, Credit for Federal Tax Paid on Fuels or Form 8864, Biodiesel, Renewable Diesel, or Sustainable Aviation Fuels Credit.

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

Enter your registration number, including the prefix. Line 3 claimants must enter their AL or AM registration number.

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

From 02012025 To 02282025

**1 Reserved for future use**

Reserved for future use

	(a) Rate	(b) Gallons of alcohol	(c) Amount of claim Multiply col. (a) by col. (b).	(d) CRN
a Reserved for future use				
b Reserved for future use				

**2 Biodiesel, Renewable Diesel, or Sustainable Aviation Fuel (SAF) Mixture Credit**

**Biodiesel or renewable diesel mixtures.** Claimant produced a mixture by mixing biodiesel with diesel fuel, or produced a mixture by mixing renewable diesel with liquid fuel (other than renewable diesel). The biodiesel used to produce the biodiesel mixture met ASTM D6751 and met EPA's registration requirements for fuels and fuel additives. The renewable diesel used to produce the renewable diesel mixture was derived from biomass, met EPA's registration requirements for fuels and fuel additives, and met ASTM D975, D396, or other equivalent standard approved by the IRS. The biodiesel or renewable mixture was sold by the claimant to any person for use as a fuel or was used as a fuel by the claimant. **Sustainable aviation fuel (SAF) mixtures.** Claimant produced a qualified mixture by mixing SAF with kerosene. The qualified mixture was produced by the claimant in the United States, such mixture was used by the claimant (or sold by the claimant for use) in an aircraft, such sale or use was in the ordinary course of a trade or business of the claimant, and the transfer of such mixture to the fuel tank of such aircraft occurred in the United States. The SAF used to produce the qualified mixture is the portion of liquid fuel that isn't kerosene that (i) either (A) meets the specifications of one of the ASTM D7566 Annexes, or (B) meets the specifications of ASTM D1655 Annex A1, (ii) isn't derived from coprocessing an applicable material (or materials derived from an applicable material) with a feedstock that isn't biomass, (iii) isn't derived from palm fatty acid distillates or petroleum, and (iv) has been certified in accordance with section 40B(e) as having a lifecycle greenhouse gas emissions reduction percentage of at least 50 percent. **For all claims.** Claimant has attached the appropriate certificates and, if applicable, appropriate reseller statements. Claimant has no reason to believe that the information in the certificate or statement is false. See the instructions for additional information and requirements.

	(a) Rate	(b) Number of gallons sold or used	(c) Amount of claim Multiply col. (a) by col. (b)	(d) CRN
a Biodiesel (other than agri-biodiesel) mixtures	\$1.00		\$	388
b Agri-biodiesel mixtures	1.00			390
c Renewable diesel mixtures	1.00			307
d Sustainable aviation fuel mixtures (see instructions)				440

**3 Alternative Fuel Credit**

	(a) Rate	(b) Gallons, or gasoline or diesel gallon equivalent	(c) Amount of claim Multiply col. (a) by col. (b)	(d) CRN
a Liquefied petroleum gas (LPG) (see instructions)	\$.50		\$	426
b "P" Series fuels	.50			427
c Compressed natural gas (CNG) (see instructions)	.50			428
d Liquefied hydrogen sold or used before 2023	.50	1246	623.00	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) (see instructions)	.50			432
h Liquefied gas derived from biomass	.50	1120	560.00	436
i Compressed gas derived from biomass	.50			437

Send this schedule with completed Form 8849 to: Internal Revenue Service, P.O. Box 312, Covington, KY 41012-0312; on the envelope write "Fuel Mixture Claim."

### Excise Tax Declaration for an IRS e-file Return

For the period beginning 02, 20 25, and ending 02, 20 25.

For use with Forms 720, 2290, and 8849.

▶ File electronically. Do not file paper copies. ▶ See instructions.

Name (as shown on Form 720, 2290, or 8849)

**EFAN Fuel Association**

Taxpayer identification number

**001900007**

#### Part I Type of Return and Return Information (Whole dollars only)

Check the box for the return for which you are using this Form 8453-EX and enter the applicable amount from the return. If you check the box on lines 1a, 2a, or 3a, below, and the amount on that line for the return for which you are filing this form was blank, leave lines 1b, 1c, 2b, or 3b, whichever is applicable, blank (do not enter -0-). However, if you entered -0- on the return, enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 720 check here ▶ <input type="checkbox"/>	b Balance due, if any (Form 720, Part III, line 10) . . . . .	1b	
	c Overpayment, if any (Form 720, Part III, line 11) . . . . .	1c	
2a Form 2290 check here ▶ <input type="checkbox"/>	b Balance due (Form 2290, line 6) . . . . .	2b	
3a Form 8849 check here ▶ <input checked="" type="checkbox"/>	b Total refund (from Schedules 1, 2, 3, 5, 6, or 8) . . . . .	3b	<b>1,183.00</b>

**Caution.** For line 3b, Schedules 2, 3, 5, and 8 cannot be combined with any other schedules. File a separate Form 8453-EX for each schedule.

#### Part II Declaration of Taxpayer (see instructions)

- 4a  I am requesting a refund on Form 720 or Form 8849.
- b  I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed for the return indicated on lines 1a or 2a, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537** no later than two business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

Under penalties of perjury, I declare that the information I have given my electronic return originator (ERO), transmitter, and/or intermediate service provider (ISP) and the amounts in Part I above agree with the amounts on the corresponding return. To the best of my knowledge and belief, the return is true, correct, and complete. I consent to my ERO, transmitter, and/or ISP sending the return, this declaration, and accompanying schedules and statements to the IRS. I also consent to the IRS sending my ERO, transmitter, and/or ISP an acknowledgment of receipt of transmission and an indication of whether or not the return is accepted and, if rejected, the reason(s) for the rejection. If the processing of the return or refund is delayed, I authorize the IRS to disclose to my ERO, transmitter, and/or ISP the reason(s) for the delay, when the refund was sent.

**Sign Here** | \_\_\_\_\_  
 Taxpayer's signature | Date

#### Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the return indicated above and that the entries on Form 8453-EX are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The taxpayer will have signed this form before I submit the return. I will give the taxpayer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 3112, IRS e-file Application and Participation, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the paid preparer, under penalties of perjury I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. This paid preparer declaration is based on all information of which I have any knowledge.

<b>ERO's Use Only</b>	ERO's signature ▶	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code ▶	EIN	Phone no.		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Thomas Doe</b>	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN <b>P0000010</b>
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no. <b>7853462222</b>			