

Form 8849 with Schedule 5 - Test 5

Originator

EFIN – as assigned

Type -

PractitionerPin

EFIN – as assigned

PIN

PinEnteredBy – n/a

SignatureOption – PIN Number

ReturnType - 8849

TYEndMonth –12

Filer

EIN - 001700010

Name - WBCN Boat Company

NameControl - WBCN

USAddress – 1212 Blue Street North Beach MD 20714

Officer

Name – William R Smith

Title - President

Phone – 4102572121

EmailAddress -

DateSigned – self select

TaxpayerPin – self select

Preparer

Name – Thomas Doe

SSN or PTIN – 000000011

Phone -4102572222

EmailAddress -

DatePrepared –self select

SelfEmployed – Y

TaxYear – 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

W B C N B O A T C O M P A N Y

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

1 2 1 2 B L U E S T R E E T

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

N O R T H B E A C H M D

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

2 0 7 1 4

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 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"/>

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 00000011
	Firm's name ►	Firm's EIN ►			
	Firm's address ►	Phone no. 4102572222			

**Schedule 5
(Form 8849)**

(Rev. January 2006)

Department of the Treasury
Internal Revenue Service

Section 4081(e) Claims

▶ Attach to Form 8849. Do not file with any other schedule.

OMB No. 1545-1420

Name as shown on Form 8849

WBCN BOAT COMPANY

EIN

001700010

Total refund (see instructions)

\$ **1,657.00**

Claimant's registration number ▶ **613342241 M**

Part I Claim for Refund of Second Tax. Caution. Claims are made on Schedule 5 by the person that has filed Form 720 reporting and paying the tax claimed.

Type of fuel	(a) Amount of refund	(b) CRN
1 Gasoline	\$ 1,657.00	362
2 Aviation gasoline		324
3 Diesel fuel		360
4 Kerosene		346
5 Diesel-water fuel emulsion		309
6 Dyed diesel fuel, dyed kerosene, and other exempt removals		303
7 Kerosene for use in aviation		369
8 Kerosene for use in commercial aviation (other than foreign trade)		355

Part II Supporting Information Required. See instructions. If more space is needed, attach separate sheets.

Claimant certifies that the amount of the second tax has not been included in the price of the fuel, and has not been collected from the purchaser. Claimant has attached a copy of the First Taxpayer's Report, and if applicable, a copy of the Statement of Subsequent Seller.

(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
1	06092025	10000	\$ 1,657.00