

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 – 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

S O C N O I L C O M P A N Y

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

5 7 0 3 R E D O A K S T R E E T

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

L A N D E R W Y

Foreign country, if applicable. Do not abbreviate.

Daytime telephone number (optional)

Employer identification number (EIN)

0 0 1 9 0 0 0 0 9

Social security number (SSN)

ZIP or foreign postal code

8 2 5 2 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 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"/>

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 James Doe	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN 00000013
	Firm's name ►	Firm's EIN ►			
	Firm's address ►	Phone no. 3076662222			

**Schedule 8
(Form 8849)**

(October 2006)
Department of the Treasury
Internal Revenue Service

Registered Credit Card Issuers

OMB No. 1545-1420

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

Name as shown on Form 8849 SOCN Oil Company	EIN 001900009	Total refund (see instructions) \$ 629.88
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Period of claim: Enter month, day, and year
in MMDDYYYY format.

From ▶ **10012025** To ▶ **12012025**

Claimant's registration no. ▶ CC 234-002851

You must enter your registration number to make a claim on Schedule 8.

Note. For lines 1 through 5, claimant (a) has not collected the amount of tax from the ultimate purchaser or has obtained the written consent of the ultimate purchaser to make the claim, (b) has repaid or agreed to repay the amount of tax to the ultimate vendor, has obtained the written consent of the ultimate vendor to make the claim, or has made arrangements that directly or indirectly provide the ultimate vendor with repayment of the tax, and (c) has obtained the required certificate from the ultimate purchaser and has no reason to believe any of the information in the certificate is false.

1 Sales of Undyed Diesel Fuel

	(a) Rate	(b) Gallons	(c) Amount of refund <i>Multiply col. (a) by col. (b)</i>	(d) CRN
Use by a state or local government	\$.243		\$	360

2 Sales of Undyed Kerosene (Other Than Kerosene For Use in Aviation)

	(a) Rate	(b) Gallons	(c) Amount of refund <i>Multiply col. (a) by col. (b)</i>	(d) CRN
Use by a state or local government	\$.243		\$	346

3 Sales of Kerosene for Use in Aviation

	(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 (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 <i>Multiply col. (a) by col. (b)</i>	(d) CRN
a Use by a nonprofit educational organization	\$.183	3442	\$ 629 88	362
b Use by a state or local government	.183			

5 Sales of Aviation Gasoline

	(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		\$	324
b Use by a state or local government	.193			