Form 2290 Test Scenario 1 TY 2024

Originator

EFIN: as assigned

Type:

PractitionerPIN

EFIN: as assigned

PIN:

PINEnteredBy: Taxpayer

SignatureOption: PIN Number

ReturnType: 2290

FirstUsedDate: 202407

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 PTIN: P00000005 Phone: 9253822222

EmailAddress:

DatePepared: self select

SelfEmployed: Y

TaxYear: 2024

binaryAttachmentCount: 0

Form 2290 Test Scenario 1 TY 2024

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".

TAXPAYER DAYTIME PHONE NUMBER: 9253822121

Form **2290**(Rev. July 2024) Department of the Treasury Internal Revenue Service

Heavy Highway Vehicle Use Tax Return

For the period July 1, 2024, through June 30, 2025
Attach both copies of Schedule 1 to this return.
Go to www.irs.gov/Form2290 for instructions and the latest information.

Keep a copy of this return for your records.

OMB No. 1545-0143

		Name				Employ	er identification	number (EIN)								
							0 - 1 4 0	0 0 0	4							
		SGFN Transport Address (number, street, and room or suite r	no)				0 1 4 0		<u></u>							
	уре	Address (number, street, and room or suite r	10.)													
or Print		6 South Lake Court														
		City or town, state or province, country, and	ZIP or foreign postal code													
Chock	if ann	Antioch CA 90210 licable:														
		s Change		П	VIN Correc	rtion										
	luures	s Ghange		Ш			re correcting	a vehicle								
_								a previously file	ed							
_		ed Return			Schedule 1	l (Form 2290). Attach an e	xplanation to t								
		this box if reporting (a) additional tax to			return. Dor	n't check this	s box for any	other reason.								
		e in taxable gross vehicle weight or (b s exceeding the mileage use limit. Do		П	Final Retur	'n										
		k for any other reason.	Conoon	ш			o longer have	tavable vehicl	las ta							
		•			Check this box if you no longer have taxable vehicles to report.											
Part		Figuring the Tax														
Cautio	on: <i>If y</i>	ou purchased a used vehicle from a p	rivate seller, see instru	uctio	ns.		Υ	Y Y Y M	1 M							
1		he vehicle(s) reported on this return us			1 1 1	1										
•		202407 in the boxes to the right. If "N				0 7										
2 3		Enter the Total from Form 2290, page ional tax from increase in taxable gros	3	1,10	00 00											
4		tax. Add lines 2 and 3	•		4	1,10	00 00									
5		its (Attach supporting documentation			5	1,10	0 00									
6		nce due. Subtract line 5 from line 4.														
			Credit or debit card [6	1,10	00 - 00							
Part		Statement in Support of Susper	ision (Complete the s	state	ments that a	pply. Attach	additional sh	eets if needed	.)							
7		are that the vehicles reported on Sc							hways							
		k the boxes that apply): 5,000 mi				_	ıltural vehicles									
	during	g the period July 1, 2024, through Jur	ne 30, 2025, and are s	suspe	ended from t	the tax. Com	plete and atta	ich Schedule 1	•							
8a	l dool	are that the vehicles listed as suspen	dad on the Form 220	n filo	d for the ne	riod July 1 0	1022 through	luna 30, 2024	1 woro							
Oa		ubject to the tax for that period excep							, were							
b							• •	-								
9		are that vehicle identification numbers														
		listed as suspended on the Form 2290) filed for the period J	uly 1	, 2023, throu	•										
		erred toe time of the transfer, the vehicles wer	a still aligible for the s	ellen.	ansion of the	ON	a sanarata lis	[,] t if needed	•							
Third		Do you want to allow another person to d		•					No							
Party		Designee's	Phone			_	' rsonal identification	_								
Desi		name	no.				nber (PIN)	"								
		Under penalties of perjury, I declare that I have														
Cian		and belief, it is true, correct, and complete. De-	ciaration of preparer (other t	ınan ta	ixpayer) is base	d on all informat	tion of which prep	arer nas any know	/leage.							
Sign																
Here	•	Cianatura				Doto										
		Signature Type or print name below signature.				Date Telephone nu	mher									
		Print/Type preparer's name	Preparer's signature			Date	Check ✓ if	PTIN								
Paid		Thomas Doe	- Span S. S Signaturo			_ =====	self-employed	P000000	05							
Prep		Firm's name	I			1	Firm's EIN	1 000000								
Use Only		Firm's address					Phone no.	9253822222	2							

Form 2290 (Rev. 7-2024)

Tax Computation

Category		(1 Annu (vehicle during	al tax es used	Partial- (vehicles first See the table	(2) period tax used after July) es at the end of e instructions.	(3 Numb vehi	per of	(4) Amount of tax (col. (1) or (2) multiplied by col. (3))	Category
Cat	Taxable gross weight (in pounds)	(a) Vehicles except logging*	(b) Logging vehicles*	(a) Vehicles except logging*	(b) Logging vehicles*	(a) Vehicles except logging*	(b) Logging vehicles*		Cate
Α	55,000	\$100.00	\$75.00	\$	\$			\$	Α
В	55,001 – 56,000	122.00	91.50						В
С	56,001 – 57,000	144.00	108.00						С
D	57,001 – 58,000	166.00	124.50						D
Е	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
Н	61,001 – 62,000	254.00	190.50						Н
	62,001 – 63,000	276.00	207.00						1
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
М	66,001 – 67,000	364.00	273.00						M
N	67,001 – 68,000	386.00	289.50						N
0	68,001 – 69,000	408.00	306.00						0
Р	69,001 – 70,000	430.00	322.50						Р
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						Т
U	74,001 – 75,000	540.00	405.00						U
V	over 75,000	550.00	412.50			2		1,100.00	0 V
Tot	als. Add the number of v	ehicles in co							
(Thi	s should be the same tot	al of taxable							
c.) A	Add the amounts in colum	1	2	\$ 1,100.00)				
W	Tax-Suspended Vehicles (See <i>Part II</i> on page 7 of the instructions.)								

Complete both copies of Schedule 1 (Form 2290) and attach them to Form 2290.

Form **2290** (Rev. 7-2024)

^{*}See page 2 of the instructions for information on logging vehicles.

SCHEDULE 1 (Form 2290)

(Rev. July 2024) Department of the Treasury Internal Revenue Service

Schedule of Heavy Highway Vehicles

For the period July 1, 2024, through June 30, 2025

Complete and file both copies of Schedule 1. One copy will be stamped and returned to you for use as proof of payment when registering your vehicle(s) with a state.

OMB No. 1545-0143

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	Antioch CA 90210														2	0	2 Catego	ory At	0 hroug	7 sh W														
Pa	art	Vehicles You Are Reporting (enter VIN and category)														,	(ca suspe	tegory	W for vehicl	r les)														
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