Form 8849 with Schedule 5 - Test 5

Orignator

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 –
DatePepared –self select
SelfEmployed – Y

TaxYear – 2026
binaryAttachmentCount - 0

Form **8849**
(Rev. December 2025)
Department of the Treasury
Internal Revenue Service

Claim for Refund of Excise Taxes

Go to *www.irs.gov/Form8849* for instructions and the latest information.

OMB No. 1545-1420

Print clearly. Leave a blank box between words.

Name of claimant: WBCN BOAT COMPANY

Employer identification number (EIN): 001700010

Address (number, street, room or suite no.): 1212 BLUE ST

Social security number (SSN):

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

ZIP or foreign postal code: 20714

Foreign country, if applicable. Do not abbreviate.:

Month claimant's income tax year ends: 12

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, 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	☐
Schedule 2	Sales by Registered Ultimate Vendors	☐
Schedule 5	Section 4081(e) Claims	☑
Schedule 6	Other Claims	☐
Schedule 8	Registered Credit Card Issuers	☐

1a Total refund 1a

b Routing number

c Type: ☐ Checking ☐ Savings

d Account number

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

WILLIAM R. SMITH, PRESEDENT

Type or print your name below signature.

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check ☑ if self-employed	PTIN
THOMAS DOE				000000011

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	EIN	Total refund (see instructions)
WBCN BOAT COMPANY	001700010	$ 1,840.00

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	$ 1,840	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	06092026	10000	$ 1,840.00