

Claim for Refund of Excise Taxes

Print clearly. Leave a blank box between words.

Name of claimant

D O T

Employer identification number (EIN)

5 4 5 4 6 5 5 6 4

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

s t f f s f d f d

Social security number (SSN)

City and state or province. If you have a foreign address, see page 2.

A l a m e d a , C A L I F O R N I A

ZIP code

9 4 5 0 1

Foreign country, if applicable. Do not abbreviate.

Month claimant's income tax year ends

1 2

Daytime telephone number (optional)

5 4 5 2 3 2 3 1 2 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 **Schedule C (Form 720), Claims, **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 checked="" 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)

Mr Mmmm

Ower

Date

Type or print your name below signature.

Paid Preparer's Use Only

Preparer's signature

Firm's name (or yours if self-employed), address, and ZIP code

Date

Check if self-employed

Preparer's SSN or PTIN

EIN

Phone no. ()

**Schedule 6
(Form 8849)**

(Rev. January 2009)

Department of the Treasury
Internal Revenue Service**Other Claims**

▶ Attach to Form 8849.

OMB No. 1545-1420

Name as shown on Form 8849

DOT

EIN or SSN

54-5465564

Total refund (total of lines 1-5)

\$ 1,314.17

Enter the earliest and latest **dates of the events** included in this claim. Enter in MMDDYYYY format.

Earliest date ▶ 07012013

Latest date ▶ 02022015

Tax	Amount of refund		CRN
1 Overpayment of tax (Form 2290)	\$	535 00	365
2 Sold, destroyed or stolen vehicles		229 17	365
3 Low mileage vehicles		550 00	365
4			
5			

Use the space below for an explanation of each tax claimed.

For claims under section 6416(b)(2) relating to certain uses and resales of certain articles subject to manufacturers or retailers taxes, claimant certifies that it sold the article at a tax-excluded price, repaid the amount of tax to the ultimate vendor, or has obtained the written consent of the ultimate vendor to make the claim; and has the required supporting evidence.

What's New

For Form 720 claims under credit reference numbers (CRNs) 396, 304, and 305, include the number of taxable tires for each CRN included in the claim.

General Instructions

Purpose of schedule. Use Schedule 6 for claims not reportable on Schedules 1, 2, 3, 5, and 8, including refunds of excise taxes reported on:

- **Form 720**, Quarterly Federal Excise Tax Return;
- **Form 2290**, Heavy Highway Vehicle Use Tax Return;
- **Form 730**, Monthly Tax Return for Wagers; and

- **Form 11-C**, Occupational Tax and Registration Return for Wagering.

Caution. Do not use Schedule 6 to make adjustments to liability reported on Forms 720 filed for prior quarters. Instead, use Form 720X, Amended Quarterly Federal Excise Tax Return. Also, do not use Schedule 6 to claim amounts that were taken or will be taken as a credit on Form 2290 or Form 730.

Claim requirements. Generally, a claim must be filed within 3 years of the filing of the return to which the claim relates, or 2 years from when the tax reported on that return was paid, whichever is later.

How to file. Attach Schedule 6 to Form 8849. Mail it to the IRS at the address under *Where To File* in the Form 8849 instructions. If you attach additional sheets, write your name and taxpayer identification number on each sheet.

Overpayment Credit

Business Name: DOT

EIN: 54-5465564

VIN: 111

Attachment Name: Overpayment of tax(Form 2290)

Tax	Amount of refund(\$)	CRN
Overpayment of tax(Form 2290)	535 00	365

Explanation:

Sold Or Destroyed Credit

Business Name: DOT

EIN: 54-5465564

1	The vehicle identification number(VIN)	3232
2	Whether the vehicle was sold, destroyed, or stolen	Sold
3	Date of the sale, accident, and destroyed or theft	01/01/2015
4	For the vehicle that was destroyed, stolen, or sold, the tax previously reported on Form2290.....	\$ 550.00
5	Partial-period tax. Tax till the time the vehicle was sold, destroyed Or stolen.....	\$ 320.83
6	Credit. Subtract line 5 from line 4.....	\$ 229.17

Explanation:

Sold to Mr. Xxxxxaasasas

Mileage Credit

Business Name: DOT

EIN: 54-5465564

VIN: 2121

Attachment Name: Low mileage vehicles

Tax	Amount of refund(\$)	CRN
Low mileage vehicles	550 00	365

Explanation:

Sold Or Destroyed Credit

Business Name: DOT

EIN: 54-5465564

Sold Receipt Attached!