

Form 8849 with Schedule 3 - Test 3

Originator

EFIN – as assigned

Type -

PractitionerPin

EFIN – as assigned

PIN

PinEnteredBy – n/a

SignatureOption – Binary attachment 8453-EX

ReturnType - 8849

TYEndMonth – 02

Filer

EIN - 001900007

Name – EFAN Fuel Association

NameControl - EFAN

USAddress – 2403 Purple Avenue Osborne KS 67473

Officer

Name – James R Cook

Title - President

Phone – 7853462121

EmailAddress -

DateSigned – self select

TaxpayerPin – self select

Preparer

Name – Thomas Doe

SSN or PTIN – P00000010

Phone -7853462222

EmailAddress -

DatePrepared –self select

SelfEmployed – Y

TaxYear – 2024

binaryAttachmentCount - 1

8453-EX Excise Tax Declaration for an IRS e-file Return

Form 8849 - Test #3

| | | |
|---|---|----------------|
| Form 8849 with Schedule 3 - Test 3 | Claim for Refund of Excise Taxes | TY 2024 |
|---|---|----------------|

| | |
|---------------------------------|-----------------------|
| Name: | EFAN Fuel Association |
| Taxpayer identification number: | 0019000007 |
| Number, street, and room: | 2403 Purple Avenue |
| City or town, State, Zip code: | Osborne KS 67473 |

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- | | | |
|------------|---|-------------------------------------|
| 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 checked="" 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 type="checkbox"/> |
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Form 8849 Schedule 3 - Certain Fuel Mixtures and the Alternative Fuel Credit

| | | |
|-----------------------------------|---|---------|
| Form 8849 Schedule 3 - Test #3 | Certain Fuel Mixtures and the Alternative Fuel Credit | TY 2024 |
|-----------------------------------|---|---------|

| | |
|---------------------------------|-----------------------|
| Name: | EFAN Fuel Association |
| Taxpayer identification number: | 001900007 |
| Number, street, and room: | 2403 Purple Avenue |
| City or town, State, Zip code: | Osborne KS 67473 |

Total refund (see instructions) **1,183.00**

Claimant's registration no. **613342241 M, UV**

Period of claim: Enter month, day, and year in MMDDYYYY format. **From** **To**
02012024 **02282024**

1 Reserved

| | (a) Rate | (b) Gallons | (c) Amount of refund Multiply col. (a) by col. (b) | (d) CRN |
|-------------------|----------|-------------|---|------------|
| a Reserved | | | | |
| b Reserved | | | | |

2 Biodiesel or Renewable Diesel Mixture or Sustainable Aviation Fuel Credit

| | (a) Rate | (b) Gallons | (c) Amount of refund Multiply col. (a) by col. (b) | (d) CRN |
|---|----------|-------------|---|------------|
| a Biodiesel (other than agri-biodiesel) mixtures | 1.00 | | | 388 |
| b Agri-biodiesel mixtures | 1.00 | | | 390 |
| c Renewable diesel mixtures | 1.00 | | | 307 |
| d Sustainable Aviation fuel | | | | 440 |

3 Alternative Fuel Credit and Alternative Fuel Mixture Credit

| | | (a) Rate | (b) Gallons or gasoline gallon equivalents (GGE) | (c) Amount of refund Multiply col. (a) by col. (b) | (d) CRN |
|----------|---|----------|--|---|------------|
| a | Liquefied petroleum gas (LPG) | .50 | | | 426 |
| b | "P Series" fuels | .50 | | | 427 |
| c | Compressed natural gas (CNG) | .50 | | | 428 |
| d | Liquefied hydrogen | .50 | 1246 | 623.00 | 429 |
| e | Fischer-Tropsch process liquid fuel from coal (including peat) | .50 | | | 430 |
| f | Liquid fuel derived from biomass | .50 | | | 431 |
| g | Liquefied natural gas (LNG) | .50 | | | 432 |
| h | Liquefied gas derived from biomass | .50 | 1120 | 560.00 | 436 |
| i | Compressed gas derived from biomass | .50 | | | 437 |
