

**2290 (HVUT) WORKSHEET**

Member # \_\_\_\_\_ Date \_\_\_\_\_

**2015-2016**

Name-(as listed on the Tax ID Number): \_\_\_\_\_

Must be EXACTLY as listed on the Tax ID Number

Fed Tax ID # \_\_\_\_\_ - \_\_\_\_\_ Contact Name &amp; Phone: \_\_\_\_\_

Tax id# must be at least 2 weeks old and this cannot be social security #

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Send Receipt by: Mail \_\_\_\_\_ Email \_\_\_\_\_ Fax \_\_\_\_\_

If you would like us to send a copy to a third party, (Lease Company, bookkeeper, etc) please provide fax or email below:

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**POWER UNITS ONLY****Unit #****Purchase Date****RGVW**

VIN# \_\_\_\_\_

VIN# \_\_\_\_\_

VIN# \_\_\_\_\_

Have any of the above trucks been sold, traded or destroyed? If so please list Unit # \_\_\_\_\_ date of occurrence \_\_\_\_\_ ☐ S ☐ T ☐ D

Do any of the above trucks run less than 5000 miles/year (or less than 7500 miles if used for agriculture purposes) Unit # \_\_\_\_\_

**AN AGENT FROM OOIDA PERMITS & LICENSING TEAM WILL CALL YOU FOR THE PAYMENT. IF YOU DO NOT HEAR FROM US WITHIN 48 HOURS, PLEASE CALL US AT 800-444-5791 TO MAKE SURE YOUR INFORMATION WAS RECEIVED.**

OOIDA FAX: 816-427-4470 or 816-867-2081 EMAIL: oosi\_2290@ooida.com

Form **8453-EX**(Rev. December 2010)  
Department of the Treasury  
Internal Revenue Service**Excise Tax Declaration for an IRS e-file Return**For the period beginning July, 20 15, and ending June, 20 16.

For use with Forms 720, 2290, and 8849.

▶ File electronically. Do not file paper copies. ▶ See instructions.

OMB No. 1545-2082

Name (as shown on Form 720, 2290, or 8849)

Taxpayer identification number

**Part I Type of Return and Return Information** (Whole dollars only)

Check the box for the return for which you are using this Form 8453-EX and enter the applicable amount from the return. If you check the box on lines **1a**, **2a**, or **3a**, below, and the amount on that line for the return for which you are filing this form was blank, leave lines **1b**, **1c**, **2b**, or **3b**, whichever is applicable, blank (do not enter -0-). However, if you entered -0- on the return, enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

**1a** Form 720 check here ▶ ☐ **b Balance due**, if any (Form 720, Part III, line 10) . . . . .**c Overpayment**, if any (Form 720, Part III, line 11) . . . . .**2a** Form 2290 check here ▶ ☒ **b Balance due** (Form 2290, line 6) . . . . .**3a** Form 8849 check here ▶ ☐ **b Total refund** (from Schedules 1, 2, 3, 5, 6, or 8) . . . . .

<b>1b</b>	
<b>1c</b>	
<b>2b</b>	
<b>3b</b>	

**Caution.** For line 3b, Schedules 2, 3, 5, and 8 cannot be combined with any other schedules. File a separate Form 8453-EX for each schedule.

**Part II Declaration of Taxpayer** (see instructions)**4a** ☐ I am requesting a refund on Form 720 or Form 8849.

**b** ☒ I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed for the return indicated on lines 1a or 2a, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537** no later than two business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

Under penalties of perjury, I declare that the information I have given my electronic return originator (ERO), transmitter, and/or intermediate service provider (ISP) and the amounts in Part I above agree with the amounts on the corresponding return. To the best of my knowledge and belief, the return is true, correct, and complete. I consent to my ERO, transmitter, and/or ISP sending the return, this declaration, and accompanying schedules and statements to the IRS. I also consent to the IRS sending my ERO, transmitter, and/or ISP an acknowledgment of receipt of transmission and an indication of whether or not the return is accepted and, if rejected, the reason(s) for the rejection. If the processing of the return or refund is delayed, I authorize the IRS to disclose to my ERO, transmitter, and/or ISP the reason(s) for the delay, when the refund was sent.

**Sign Here**

▶ Taxpayer's signature \_\_\_\_\_ zip code \_\_\_\_\_ Date \_\_\_\_\_

**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer** (see instructions)

I declare that I have reviewed the return indicated above and that the entries on Form 8453-EX are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The taxpayer will have signed this form before I submit the return. I will give the taxpayer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 3112, IRS e-file Application and Participation, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the paid preparer, under penalties of perjury I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. This paid preparer declaration is based on all information of which I have any knowledge.

**ERO's Use Only**

ERO's signature ▶	Date <u>2015-5-27</u>	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN <u>P1215512</u>
Firm's name (or yours if self-employed), address, and ZIP code ▶	<u>A-LOG INC DBA 2290TAX.COM</u> <u>PO BOX 7115 LA VERNE CA 91750</u>			EIN <u>20-4161020</u> Phone no. <u>(909)5960050</u>

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

**Paid Preparer Use Only**

Print/Type preparer's name <u>Cathryn Koncilia</u>	Preparer's signature <u>Cathryn L Koncilia</u>	Date <u>5-27-2015</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>1222557</u>
Firm's name ▶ <u>OOSI</u>	Firm's EIN ▶ <u>431384897</u>			
Firm's address ▶ <u>GRAIN VALLEY, MO 64029</u>	Phone no. <u>8004445791</u>			

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Cat. No. 49631B

Form **8453-EX** (Rev. 12-2010)

\*OOIDA MEMBERSHIP # \_\_\_\_\_

OOIDA FAX 3 816-427-4470 OR 816-867-2081

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abcdefghijklmnopqrstuvwxyzABCEFGHIJKLMNOPQRSTUVWXYZ0123456789-!@#%&amp;'()\*+,-./:;&lt;[\\]^\_`{|}~"''',&lt;?&gt;