

# Claim for Refund of Excise Taxes

► Information about Form 8849 and its instructions is at [www.irs.gov/form8849](http://www.irs.gov/form8849).

Print clearly. Leave a blank box between words.

Name of claimant

R a i l r o a d C o m m i s s i o n o f T X

Employer identification number (EIN)

7 4 6 0 0 0 1 3 4

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

P O B o x 1 2 9 6 7

Social security number (SSN)

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

A u s t i n T X

ZIP or foreign postal code

7 8 7 1 1 2 9 6 7

Foreign country, if applicable. Do not abbreviate.

Month claimant's income tax year ends

0 8

Daytime telephone number (optional)

5 1 2 4 6 3 7 3 5 9

**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, 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 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"/>

**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.

*Milton A. Rister*  
 Signature and title (if applicable)

13/16/15  
 Date

Milton A. Rister  
 Type or print your name below signature.

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►	Firm's EIN ►			
	Firm's address ►	Phone no.			