Form **8453-EX**
(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

Excise Tax Declaration for an IRS *e-file* Return

For the period beginning July 1 , 20 21 , **and ending** June 1 , 20 22 .

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

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 ▶ 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	Check if also paid preparer ☐	Check if self-employed ☐	ERO's SSN or PTIN P01215512
Firm's name (or yours if self-employed), address, and ZIP code ▶ A-LOG INC. DBA 2290 TAX.COM PO BOX 7115 LAVERNE CA 91750			EIN 43-1384897 Phone no.	

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 CRYSTAL D MINARDI	Preparer's signature Crystal D Minardi	Date 7/1/2021	Check ☐ if self-employed PTIN P02051516
Firm's name ▶ OOSI INC			Firm's EIN ▶ 43-1384897
Firm's address ▶ PO BOX 1000 GRAIN VALLEY MO 64029			Phone no. 816-229-5791

Member # _____