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HEAVY HIGHWAY VEHICLE USE TAX FORM 2290 E-FILE REQUEST

**Answer the questions below, sign the next page (form 8453-EX),
and we will e-file and e-pay your Highway Tax Return.**

Cost per return: \$40 for the first truck and \$5 for each additional vehicle.

The amount of tax depends on your vehicle's gross weight and the date of first use
(in case of newly purchased vehicles).

Remember, you must file and pay the Highway Tax by August 31st
(or by the end of the month following the first use of your vehicle).

Must be paid by the titled owners of the vehicles with a gross weight of 55,000 pounds or more.

Call us at (773) 46-777-45 if you have any questions or to make arrangements.

<i>Vehicle owner's name as it appears on the title:</i>		
<i>FEIN (Federal tax ID #):</i>	Social Security Numbers are not accepted	
<i>Street address:</i>		
<i>City, state, zip:</i>		
<i>Phone:</i>		
<i>E-mail or fax:</i>		
<i>Vehicle 1 – VIN:</i>		<i>Gross weight:</i>
<i>Vehicle 2 – VIN:</i>		<i>Gross weight:</i>
<i>More vehicles?</i>	Please attach a separate sheet or copies of registrations	
<i>Bank Name:</i>		
<i>Bank Routing Number:</i>		<i>Checking</i>
<i>Bank Account Number:</i>		<i>Savings</i>

Submit this form to us by:

E-mail: info@wixltd.com

Fax: (844) 949-3294 or (844) WIX-FAX-4

Website: www.wixltd.com (Contact Us --> Submit a File)

Excise Tax Declaration for an IRS e-file Return

For the period beginning July 1, 20 16, and ending June 30, 20 17.

For use with Forms 720, 2290, and 8849.

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

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 ▶ <input type="checkbox"/>	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 ▶ <input checked="" type="checkbox"/>	b Balance due (Form 2290, line 6)	2b
3a Form 8849 check here ▶ <input type="checkbox"/>	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 **X** 12345

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 <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code ▶	<u>A-LOG INC</u> <u>PO BOX 7115 LA VERNE CA 91750</u>			<u>P1215512</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	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<u>WOJCIECH RECZEK</u>	<u>Wojciech T. Reczek</u>			
	Firm's name ▶ <u>WIX CONSULTING LTD</u>				Firm's EIN ▶
	Firm's address ▶ <u>CHICAGO, IL 60630</u>				Phone no. <u>7734677745</u>