

**Excise Tax Program Order Blank  
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OMB No. 1545-1096

► For Paperwork Reduction Act Notice, see below.

**Instructions**

Type or print your name and complete mail delivery address below. An accurate mail delivery address is necessary to ensure delivery of your order. Enter the quantity next to the item you are ordering. If the form you are ordering is needed to file a prior year return, you may obtain it by calling 1-800-829-3676.

ITEM	TITLE	QUANTITY	ITEM	TITLE	QUANTITY
F 11-C	Occupational Tax and Registration Return for Wagering	_____	F 2290(FR)	Déclaration d'Impôt sur l'Utilisation des Véhicules Lourds sur les Routes	_____
F 637	Application for Registration (For Certain Excise Tax Activities)	_____	I 2290(FR)	Instructions pour le Formulaire 2290(FR)	_____
F 720	Quarterly Federal Excise Tax Return	_____	F 6197	Gas Guzzler Tax	_____
I 720	Instructions for Form 720	_____	F 6627	Environmental Taxes	_____
F 720X	Amended Quarterly Federal Excise Tax Return	_____	F 8849	Claim for Refund of Excise Taxes	_____
F 730	Monthly Tax Return for Wagers	_____	Sch 1 (F 8849)	Nontaxable Use of Fuels	_____
F 843	Claim for Refund and Request for Abatement	_____	Sch 2 (F 8849)	Sales by Registered Ultimate Vendors	_____
I 843	Instructions for Form 843	_____	Sch 3 (F 8849)	Certain Fuel Mixtures and the Alternative Fuel Credit	_____
F 2290	Heavy Highway Vehicle Use Tax Return	_____	Sch 5 (F 8849)	Section 4081(e) Claims	_____
I 2290	Instructions for Form 2290	_____	Sch 6 (F 8849)	Other Claims	_____
F 2290(SP)	Declaración del Impuesto sobre el Uso de Vehículos Pesados en las Carreteras	_____	Sch 8 (F 8849)	Registered Credit Card Issuers	_____
I 2290(SP)	Instrucciones para el Formulario 2290(SP)	_____	Pub 509	Tax Calendars	_____
			Pub 510	Excise Taxes	_____

Name \_\_\_\_\_

**Print  
 or  
 Type**

Number and Street \_\_\_\_\_

Apt./Suite/Room \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

Foreign Country \_\_\_\_\_

International Postal Code \_\_\_\_\_

( ) \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_

**Where To Send Your Order**

Send your order to the address below.

Internal Revenue Service  
 1201 North Mitsubishi Motorway  
 Bloomington, IL 61705-6613

**Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Your response is voluntary.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number.

Books or records relating to a form or its instructions must be retained as long as their contents may become

material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The time needed to complete this form will vary depending on the individual circumstances. The estimated average time is 2 minutes. If you have comments concerning the accuracy of this time estimate or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224.

Do not send Form 9117 to this address. Instead, send your order to the address listed under *Where To Send Your Order*.