

Form 2290 Schedule 1 - An Overview

Business Details

Type or Print	Business Name		Employer Identification Number	
	Name 1 Your Trucking Business		Employer identification number (EIN) 2 1 2 - 3 4 5 6 7 8 9	
	Address (number, street, and room or suite no.) 3 123 East Main St,		Address	
	City or town, state or province, country, and ZIP or foreign postal code Rock Hill, South Carolina, 29730		Month of first use (see instructions) 4 Y Y Y Y M M 2 0 2 2 0 7	
			First Used Month	

Vehicle Details

Part I Vehicles You Are Reporting (enter VIN and category) 5		Category A through W (category W for suspended vehicles) 6
1	S D F G H E 4 5 2 1 G H Y U W B 9	V
2	4 5 6 H J J 5 6 7 G D A 5 7 6 7 K	V
3	5 6 7 F G 4 7 S D G 4 5 F D G S J	w

Summary of Vehicles

Part II Summary of Reported Vehicles		Total Number of Vehicles Reported
a	Total number of reported vehicles	3 7
b	Enter the total number of taxable vehicles on which the tax is suspended (category W)	1 8
c	Total number of taxable vehicles. Subtract line b from line a	2 9
Total Number of Taxable Vehicles on which the tax is Suspended		Total Number of Taxable Vehicles