

MONTHLY RETURN

**TO SEVER COAL, GASES, OR OIL FROM LANDS
SITUATED IN WISE COUNTY, VIRGINIA**



MAIL RETURN & PAYMENT TO:
COMMISSIONER OF THE REVENUE
 PO BOX 1278
 WISE, VA 24293
 MAKE CHECKS PAYABLE TO:
TREASURER OF WISE COUNTY

For the calendar month of _____, Year _____

OPERATOR'S NAME: _____ TELEPHONE #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COAL:
 MINE NAME & NUMBER: _____ MINE INDEX #: _____
 MINE TYPE: _____ DATE OPERATION BEGAN AT THIS LOCATION: _____
 DMLR #: _____ MSHA #: _____ PREVIOUS MINE INDEX NUMBER: _____

GAS / OIL: WELL TYPE (CHECK ONE): GAS OIL LIQUID GAS
 OPERATIONS NAME: _____ DMME APPLICATION #: _____
 TYPE OF OPERATION: _____ DMME FILE NUMBER: _____
 WELL COMPLETION DATE: _____ DEPTH OF WELL: _____

IT IS REQUIRED THAT YOU FILE A RETURN WITH OUR OFFICE EACH MONTH. RETURNS ARE DUE ON OR BEFORE THE TWENTIETH (20TH) DAY OF EACH MONTH IMMEDIATELY FOLLOWING THE MONTH IN WHICH THE MINERALS WERE SEVERED. A RETURN THAT IS NOT FILED TIMELY SHALL INCUR A PENALTY OF 10%, PLUS INTEREST AT THE RATE OF 5% PER ANNUM. FAILURE TO FILE THE MONTHLY RETURN AND TO PAY THE APPLICABLE TAXES BY THE TWENTIETH (20TH) DAY OF THE MONTH IMMEDIATELY FOLLOWING THE MONTH IN WHICH THE MINERALS WERE SEVERED MAY RESULT IN A SUSPENSION OF YOUR LICENSE.

TYPE OF LICENSE	GROSS TONS SEVERED FOR THE MONTH	GROSS RECEIPTS FOR THE MONTH	SALE PRICE PER TON	BASIS	< 10,000 TONS	TAX	PENALTY 10%	INTEREST	BALANCE DUE
COAL SEVERANCE				2%	1.5%				
TYPE OF LICENSE	GROSS MCF SEVERED FOR THE MONTH	GROSS RECEIPTS FOR THE MONTH	SALE PRICE PER MCF	BASIS		TAX	PENALTY 10%	INTEREST	BALANCE DUE
GAS SEVERANCE				3%					
TYPE OF LICENSE	GROSS BARRELS SEVERED FOR THE MONTH	GROSS RECEIPTS FOR THE MONTH	SALE PRICE PER BARREL	BASIS		TAX	PENALTY 10%	INTEREST	BALANCE DUE
OIL SEVERANCE				0.5%					
TAKE NOTICE: You have the right to appeal this assessment. Any person assessed with a license tax as a result of an appealable event defined in Section C-14 of the Wise County Coal, Gas and Oil Severance License Tax Ordinance may file an administrative appeal of the assessment within one year of the last day of the tax year which such assessment is made. The appeal must be in writing and timely filed with the Wise County Commissioner of the Revenue at PO Box 1278 Wise, VA 24293.									TOTAL PAYMENT:

OATH: I, THE UNDERSIGNED AGENT, DO SWEAR (OR AFFIRM) UNDER PENALTY OF PERJURY, THAT THE FOREGOING FIGURES AND STATEMENTS ARE TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT I AM AUTHORIZED TO FILE THIS RETURN.

Signature of Operator or Authorized Agent *Operator or Agent's Name (Print)* *Title*
 SWORN (OR AFFIRMED) ON THIS _____ DAY OF _____, 20____. TELEPHONE NUMBER: _____
 EMAIL ADDRESS: _____ FAX NUMBER: _____

THIS RETURN SHALL NOT BE VALID OR HAVE ANY LEGAL EFFECT UNLESS AND UNTIL THE TAXES PRESCRIBED BY LAW (AND ANY APPLICABLE PENALTIES AND INTEREST), AS SHOWN ON THE FOREGOING RETURN, ARE PAID TO THE TREASURER OF WISE COUNTY, VIRGINIA, AND THE FACT OF SUCH PAYMENT APPEARS ON THE FACE HERE OF BY THE SIGNATURE OF SUCH TREASURER HERETO.

 COMMISSIONER OF THE REVENUE _____

 TREASURER _____

 DATE