

MONTHLY RETURN

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



MAIL RETURN & PAYMENT TO:
 COMMISSIONER OF THE REVENUE
 PO BOX 517
 LEBANON, VA 242656
 MAKE CHECKS PAYABLE TO:
 TREASURER OF RUSSELL 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	TAX	PENALTY 10%	INTEREST	BALANCE DUE
COAL SEVERANCE				2%				
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%				
							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 RUSSELL COUNTY, VIRGINIA, AND THE FACT OF SUCH PAYMENT APPEARS ON THE FACE HEREOF BY THE SIGNATURE OF SUCH TREASURER HERETO.

 COMMISSIONER OF THE REVENUE

 DATE

 TREASURER

 DATE