

LOUISIANA

DEPARTMENT of REVENUE

Oilfield Site Restoration Fee Return - Natural Gas Production

Louisiana Department of Revenue
P.O. Box 201
Baton Rouge, LA 70821-0201
Phone: (855) 307-3893

- If your name has changed, fill in circle. If amended return, fill in circle. If final return, fill in circle.

FOR OFFICE USE ONLY. Field flag

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Taxable Period (mm/yy)

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Category			MCFs (Thousand Cubic Feet)		Fee rate per MCF		Amount of fee (Round to the nearest dollar)	
1	Full rate (Severance tax rate codes 1, D, H, I, IA, OW, and T)	1a		X	.003	1b		00
2	Incapable oil well gas	2a		X	.0012	2b		00
3	Incapable gas well gas	3a		X	.000525	3b		00
4	Total fees (Add Lines 1b, 2b, and 3b)					4		00
5	Interest (See instructions)					5		00
6	Delinquent penalty (5% for each 30 days or fraction thereof, not to exceed 25% of Line 4)					6		00
7	Total fees, interest, and penalty due (Add Lines 4, 5, and 6) Make payment payable to: Louisiana Department of Revenue . DO NOT SEND CASH. Pay this amount.					7		00

This return is due on or before the 25th day of the second month following the taxable period and becomes delinquent on the first day thereafter. If the due date falls on a weekend or legal holiday, the return is due the next business day and becomes delinquent the first day thereafter.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature		Date (mm/dd/yyyy)	
Print Name	Title	Telephone	

PAID PREPARER USE ONLY	Print/Type Preparer's Name		Preparer's Signature		Date (mm/dd/yyyy)	Check <input type="checkbox"/> if Self-employed
	Firm's Name >				Firm's FEIN >	
	Firm's Address >				Telephone >	

Complete only if change in business status has occurred.

Date business discontinued (mm/dd/yyyy)	Date business sold (mm/dd/yyyy)	Name of purchaser
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PTIN, FEIN, or LDR Account Number
of Paid Preparer

For office
use only.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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