

**Nevada Department of Taxation
Application for Credit/Refund Of Fees Paid on Mining Claims**

Return completed form to:
Department of Taxation
Division of Assessment Standards
1550 College Parkway Suite 115
Carson City, NV 89706
Or FAX to: 775-684-2020

Questions? Call the Department at (775) 684-2156 or 684-2100

STEP 1. Please provide your contact information:

Actual Payor of Claim Fees Entitled to Credit or Refund

Mailing Address of Payor

Owner of Claims registered by County Recorder – person or company

City

State

Zip Code

Relationship of Payor to Owner of Claims
(Corporate Parent, Lessee, Agent, or other)

Fax Number (If avail.)

Daytime Telephone Number (with area code) of principal contact

E-mail address of Contact Person

STEP 2. Please provide information about the mining claim fees that were paid:

County Where Mining Claim Fees Were Paid

Amount of Mining Claim Fees Paid less Recording Fees

Date or Dates Paid

Affidavit Document Number

Number of Claims

Claim Names (Add additional page if necessary)

Please check one of the following: Did you:

(1) Pay the fee in full at the time of filing? _____ OR (2) Make two payments? _____

ATTACH "AFFIDAVIT AND DECLARATION OF CLAIMS HELD" AND A CANCELLED CHECK OR THE RECEIPT FROM THE COUNTY AS PROOF OF PAYMENT.

STEP 3. SB 493, Section 16.7 provides that your claim may be handled as a credit to any liability you may have on the Modified Business Tax (MBT) pursuant to NRS 363B.110. Please provide the following information regarding your MBT Account:

Are you registered for the Modified Business Tax? Yes _____ No _____

If yes, what is your Nevada Department of Taxation ID number? _____

STEP 4. Sign and date this form. Return to the address listed at the top of this form.

I hereby affirm the information on this form has been examined by me and to the best of my knowledge and belief is a true, correct, and complete statement of the mining claim fees paid during the period indicated.

SIGNATURE

TITLE

DATE

THIS PORTION TO BE COMPLETED BY DEPARTMENT OF TAXATION

Verified Payment	Recorder <input type="checkbox"/> Yes <input type="checkbox"/> No	Treasurer <input type="checkbox"/> Yes <input type="checkbox"/> No
Amount of Verified Claim:	\$ _____	Employee Initials _____
Was payment received by State Comptroller?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employee Initials _____
Active MBT Account:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tax ID # :
Reporting Liabilities Going Forward:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Amount of Credit:	\$ _____	Date to Accounting:
Amount of Refund:	\$ _____	Date of Notification to Claimant of Department Decision:
Completed by:	Date Application Received:	Date to Board of Examiners: