



I-A-1 Business Registration Application for Severance Tax

1. Federal Employer ID No.: or Sole Proprietor's Social Security No.:

2. Type of Entity (Check One): Sole Proprietorship Fiduciary Partnership LLP Corporation LLC
If a Corporation, State of Incorporation: _____ If N.C. Corporation, enter N.C. Secretary of State ID No.: _____

3. Legal Business or Owner's Name: _____

4. Trade Name (DBA Name): _____

5. Name of Contact Person: _____ Telephone: _____ Fax: _____

6. Business Location: Street _____
(Not P.O. Box Number) City _____ State _____ Zip Code _____ County _____

7. Mailing Address: Street or P.O. Box _____
City _____ State _____ Zip Code _____ County _____

8. Anticipated Monthly Severance Tax Liability: _____
(Note: If your anticipated liability is \$1,000.00 per month or greater, you will be required to file your return monthly. If your anticipated liability is less than \$1,000.00 per month, you may file your return quarterly.)

9. Reporting Period (Based upon Line 8 above): Monthly Quarterly 10. Begin Date: _____

11. Number of Anticipated Leases from which the Energy Minerals will be Produced: _____

12. Please List below the Leases from which you Anticipate the Energy Minerals will be Produced (include lease name, address, lease permit numbers, etc.; add additional sheet(s), if necessary);

13. Do you elect to have the gas taxed at the Marginal Gas Rate? (Check One)
 Yes No If "Yes", please attach the Mining and Energy Commission determination for each well that qualifies as a marginal gas well.

14. Will the Taxpayer be Claiming the On-Site Use Exemption from the Severance Tax? (Check One)
 Yes No If "Yes", please attach documentation verifying on-site use of use of extracted oil, condensates, or gas. A determination of eligibility will be sent within 15 calendar days of receipt of all information required by the Secretary.

15. List Responsible Persons (President, Vice President, Secretary, Treasurer, Chief Financial Officer, Manager, Primary Partners, Other Officers, etc.; add additional sheet(s), if necessary)

Name	Date of Birth	Social Security No.	Home Address	Title
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

16. Person Responsible for Filing Severance Tax Returns and Location of Books and Records during Business Hours:
Name _____ Telephone Number _____
Street _____
City _____ State _____ Zip Code _____ County _____

Signature: _____ Title: _____ Date: _____
I certify that, to the best of my knowledge, this application is accurate and complete.