



Instructions For Handwritten Forms

Guidelines



Do not use red ink. Use blue or black ink.



Do not use dollar signs, commas, or other punctuation marks.



Printing



Set page scaling to "none." The Auto-Rotate and Center checkbox should be unchecked.



Do not select "print on both sides of paper."



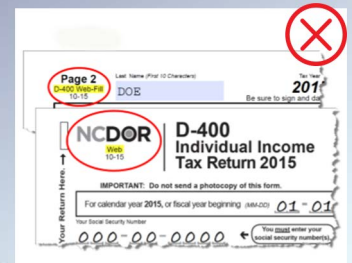
Before Sending



Do not submit photocopies of returns. Submit originals only.



Do not mix form types.



B-I-100 Severance Tax on Energy Minerals Return

DOR
Use
Only

Legal Name (First 30 Characters) (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)

Trade Name

Location County

Mailing Address

City State Zip Code (First 5 digits)

Name of Contact Person Phone Number Fax Number

Fill in applicable circle:
 Amended return

FEIN or SSN

Account Number

Return for Month of

____ - ____
(Year)

Return for Quarter Ending

March 31
 June 30
 September 30
 December 31

Year _____

Part 1. Gas Severance Accountability of the Producer

Computation of Tax

1. Severance tax due on gas produced: Form B-I-100G, Line 10, attached, but not less than zero. ▶ 1. _____

Part 2. Oil Severance Accountability

Computation of Tax

2. Gross price paid of oil produced at the wellhead ▶ 2. _____

3. Severance tax due on oil purchased (Multiply Line 2 by 0.05) 3. _____

Part 3. Condensate Severance Accountability

Computation of Tax

4. Gross price paid of condensates produced at the wellhead ▶ 4. _____

5. Severance tax due on condensates purchased (Multiply Line 4 by 0.05) 5. _____

Part 4. Computation of Total Severance Tax

6. Total Severance Tax Due (Add Lines 1, 3, and 5) ▶ 6. _____

7. Penalty (See instructions) ▶ 7. _____

8. Interest (See instructions) ▶ 8. _____

9. Total Payment Due (Add Lines 6, 7, and 8) ▶ 9. \$ _____

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

Returns are due by the 25th day of the second month following the end of the filing period.

Your check or money order must be in the form of U.S. currency from a domestic bank.

MAIL TO:
 North Carolina Department of Revenue
 Excise Tax Division
 Post Office Box 25000
 Raleigh, North Carolina 27640-0950

QUESTIONS:
 Contact the Excise Tax Division at:
 Telephone Number (919) 707-7500
 Toll Free Number (877) 308-9092
 Fax Number (919) 250-7898