

2001 UNMINED COAL PROPERTY TAX INFORMATION RETURN

Commonwealth of Kentucky
REVENUE CABINET

File a Separate Return for Each County

TAX YEAR 2001

FILER INFORMATION

Name _____

Mailing address _____

City _____ State _____ ZIP code _____

Telephone (____) _____ - _____ Fax (____) _____ - _____

Social Security number _____ - _____ - _____ or federal I.D. number _____ - _____ - _____

County where property is located _____

Review your return carefully. All applicable schedules must be completed as requested. Incomplete filings will not be accepted.

VERIFICATION

Under penalties of perjury, I do solemnly swear or affirm that I have examined this report, including accompanying schedules, statements and maps, and to the best of my knowledge, information and belief, it is a true, correct and complete return. I acknowledge under these same conditions that any and all documentation supporting and/or requesting an assessment adjustment is incorporated by reference into this return and made a part hereof.

Dated this _____ day of _____, _____.

Authorized Name and Title (*Print or Type*)

Preparer's Name, Title and Mailing Address

Authorized Signature

Preparer's Signature

Mail completed return to:

Revenue Cabinet
Department of Property Valuation
Station 33
200 Fair Oaks Lane
Frankfort, KY 40620



FILER
NAME _____

**SCHEDULE A
FEE PROPERTY OWNERSHIP**

Owners must complete this form for **each fee ownership parcel** outlined on the property map.

1. Name and address of owner _____

Percent of ownership _____ Social Security/federal I.D. number _____

If the parcel is owned by several parties holding an undivided interest, list their names, addresses, percentages of ownership and federal I.D. or Social Security numbers of owners. *Attach separate sheet with this information.*

2. Owner's parcel identifier (as submitted to the Revenue Cabinet) _____

3. Property location (county) _____ 4. U.S.G.S. quadrangle name(s) _____

5. Area in acres _____ 6. Deed book and page number _____

7. Do you own all of the coal seams in this parcel? Yes No. If no, list the seams owned _____

If you know who owns the other seams, provide name and address. _____

8. The tax bill for this property should be mailed to (name and address) _____

It is not necessary for you to complete the remaining part of this schedule if you are in agreement with the following statement and if the maps and parcel information submitted for this parcel *correspond* exactly. If you do not agree, fill out *all* of Schedule A.

I have reviewed and I am in agreement with the maps and coal seam information submitted to the Revenue Cabinet by:

(name) _____ (lessee parcel number) _____

for this property. I request that the Revenue Cabinet use this information to assess this coal parcel (for multiple parcels, use the Agreement Statement).

Signature of filer _____

If the parcel is leased to another party(s), complete questions 1 through 12 and the reverse of this schedule for *each separate lease*. Attach additional Schedules A if necessary.

1. Advance royalty paid when the lease was executed \$ _____

2. Annual minimum royalty \$ _____

3. Execution date of lease _____ 4. Expiration date of lease _____

5. Was this lease an arm's-length transaction between unrelated parties? Yes No

6. Name and address of lessee _____

7. Lessee parcel I.D. _____

8. Royalty per ton \$ _____ 9. Royalty percentage of sales _____ %

10. County of record _____ 11. Area in acres _____

12. Leased seams (name) _____

Complete the reverse of this schedule.

FILER
NAME _____

**SCHEDULE B
MINERAL PROPERTY OWNERSHIP (COAL ONLY)**

Owners must complete this form for **each mineral ownership parcel** outlined on the property map.

1. Name and address of owner _____

Percent of ownership _____ Social Security/federal I.D. number _____

If the parcel is owned by several parties holding an undivided interest, list their names, addresses, percentages of ownership and federal I.D. or Social Security numbers of owners. *Attach separate sheet with this information.*

2. Owner's parcel identifier (as submitted to the Revenue Cabinet) _____

3. Property location (county) _____ 4. U.S.G.S. quadrangle name(s) _____

5. Area in acres _____ 6. Deed book and page number _____

7. Do you own all of the coal seams in this parcel? Yes No. If no, list the seams owned _____

If you know who owns the other seams, provide name and address. _____

8. The tax bill for this property should be mailed to (name and address) _____

It is not necessary for you to complete the remaining part of this schedule if you are in agreement with the following statement and if the maps and parcel information submitted for this parcel *correspond* exactly. If you do not agree, fill out *all* of Schedule B.

I have reviewed and I am in agreement with the maps and coal seam information submitted to the Revenue Cabinet by:

(name) _____ (lessee parcel number) _____

for this property. I request that the Revenue Cabinet use this information to assess this coal parcel (for multiple parcels, use the Agreement Statement).

Signature of filer _____

If the parcel is leased to another party(s), complete questions 1 through 12 and the reverse of this schedule for *each separate lease*. Attach additional Schedules B if necessary.

1. Advance royalty paid when the lease was executed \$ _____

2. Annual minimum royalty \$ _____

3. Execution date of lease _____ 4. Expiration date of lease _____

5. Was this lease an arm's-length transaction between unrelated parties? Yes No

6. Name and address of lessee _____

7. Lessee parcel I.D. _____

8. Royalty per ton \$ _____ 9. Royalty percentage of sales _____ %

10. County of record _____ 11. Area in acres _____

12. Leased seams (name) _____

Complete the reverse of this schedule.

FILER
NAME _____

**SCHEDULE C
LEASED PROPERTY**

All lessees and sublessees must complete this property schedule for each parcel **leased from another party** and outlined on the lessee map.

1. Name and address of owner _____

Percent of ownership _____ Social Security/federal I.D. number _____

If the parcel is leased from several parties holding an undivided interest, list their names, addresses, percentages of ownership and federal I.D. or Social Security numbers of owners. *Attach separate sheet with this information.*

2. Name and address of lessor if different from owner _____

3. Owner parcel identifier (as submitted to the Revenue Cabinet) _____

Type of ownership (fee/mineral) _____

4. The tax bill for this property should be mailed to (name and address) _____

Complete the following if you have subleased any part of this property to another party.

1. Name and address of sublessee _____

Social Security/federal I.D. number _____

2. Sublessee parcel identifier (as submitted to the Revenue Cabinet) _____

3. Area in acres subleased _____

4. Name of seams subleased _____

5. Royalty rate received from sublessee: Dollar per ton \$ _____ Percentage _____ %

It is not necessary for you to complete the remaining part of this schedule if you are in agreement with the following statement and if the maps and parcel information submitted for this parcel *correspond* exactly. If you do not agree, fill out *all* of Schedule A.

I have reviewed and I am in agreement with the maps and coal seam information submitted to the Revenue Cabinet by:
(name) _____ for this property. I request that the Revenue Cabinet use this information to assess this coal parcel (for multiple parcels, use the Agreement Statement).

Signature of filer _____

Complete the following and the reverse of this schedule.

1. Filer (your) parcel identifier as identified on the lessee map _____

2. Execution date of lease _____ 3. Expiration date of lease _____

4. County of record _____ 5. Deed book and page number _____

6. U.S.G.S. quadrangle name(s) _____ 7. Number of leased acres _____

8. Leased seams (name) _____

**SCHEDULE D
PROPERTY TRANSFERS**

1. Type of transaction (sale or purchase) _____
2. Buyer name _____
 Address _____ State _____ ZIP code _____
3. Seller name _____
 Address _____ State _____ ZIP code _____
4. Date of transaction _____
5. Total transaction price _____
 - a. Price for coal acreage (in-place tons) _____
 - b. Price for surface acreage and improvements _____
 - c. Oil and gas _____
 - d. Other _____
6. List any significant liabilities which affected sale price _____

7. Was this an arm's-length transaction? Yes No
8. Parcel identifier (as identified on return and maps) _____
 - a. Quadrangle _____
 - b. County _____
9. Total parcel acreage _____
10. Coal seams included in transaction _____

11. Supply a copy of the deed and a map of the property.

SCHEDULE F
GEOLOGICAL INFORMATION
BY COUNTY

First-time filer(s) who did not submit this data in prior years must complete this schedule in its entirety. **Previous filers need only submit additional or new information.**

Additional or new data submitted? Yes No

All data submitted for first time? Yes No

A. EXPLORATION INFORMATION

For each core/rotary drill hole, prospect pit/trench or point of information identified on the map submitted.

1. Type of opening (core hole, rotary hole, prospect sample, etc.).
2. Collar elevation of drill hole or elevation of prospect opening.
3. Copy of complete core logs or driller's log. For rotary holes and other openings where no log is available, provide a summary which lists the seam name, total seam thickness, total partings, thickness and bottom of coal elevation.
4. Indicate if the hole was electrically logged or not.

B. ANALYTICAL INFORMATION

For each coal seam identified on the exploration and prospecting records furnished under Part A above, supply a complete summary or copies of laboratory analyses outlining the following information:

1. Data point identification number.
2. Standard proximate analysis results: moisture, BTU, ash, sulphur, fixed carbon and volatile, on an as-received basis. Other tests on the sample (FSI, fusion, Arnaud, etc.).
3. If float-sink was done on the sample, provide the results of this test including BTU, ash, fixed carbon, volatile and sulphur values of the float material on a dry basis.

AGREEMENT STATEMENT

I have reviewed and I am in agreement with the maps and coal seam information submitted to the Revenue Cabinet by the owner, lessee or sublessee of the properties listed below. *(Please check applicable box.)*

Name of filer submitting maps and coal information for these properties.

Name _____

For the following properties:

County _____

Parcel I.D.:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

VERIFICATION

Under penalties of perjury, I do solemnly swear or affirm that I have examined this report, including accompanying schedules, statements and maps, and to the best of my knowledge, information and belief, it is a true, correct and complete return. I acknowledge under these same conditions that any and all documentation supporting and/or requesting an assessment adjustment is incorporated by reference into this return and made a part hereof.

Dated this _____ day of _____, _____.

Name of filer who agrees with maps and coal information submitted by the owner, lessee or sublessee listed above.

Name _____

Social Security Number _____

Authorized Name and Title (Print or Type)

Federal I.D. Number _____

Address _____

Authorized Signature

Telephone () - _____