

**OIL PROPERTY TAX RETURN  
LEASE REPORT**

For Assessment of January 1, \_\_\_\_\_

**File by April 15 with:**  
Department of Revenue  
Office of Property Valuation  
200 Fair Oaks Lane, Station 33  
Frankfort, Kentucky 40620  
(502) 564-8334

Name											
Number and Street				Social Security Number							
City				State		ZIP Code		Telephone Number		Federal Identification Number	
								( )			

Property located in \_\_\_\_\_ County, Kentucky.

**INSTRUCTIONS:** Under Kentucky law (KRS 132.820) each property owner is required to report all taxable property which he or she owns. This includes sub-surface mineral rights which are taxable as an interest in real property. This return is provided for the purpose of reporting developed oil property. Each year all persons, corporations, businesses and partnerships owning, leasing or having knowledge of developed oil properties in the Commonwealth of Kentucky must complete and file this tax return with the Office of Property Valuation by April 15. File a **separate** return for each developed property per county. If the division of ownership is different for each well on the property, file a separate tax return for each individual well. **Each lease must be listed separately by the purchaser's lease number and name. Do not report leases under a grouped unit number.**

As a producer/operator, do you want to receive all the tax bills for your working interest owners?  Yes  No If No, Complete Division of Ownership required (See Reverse Schedule).

Purchaser's/Transporter's Name (if different from filer)	Operator's Name (if different from filer)	Number of Producing Wells	
Purchaser's Lease Number	Barrels of Oil Produced (Jan. 1-Dec. 31)	Year of First Production	Waterflood Allowance Credit(✓)
Purchaser's Lease Name	Total \$ Value of Production for Lease ( <i>Less Severance Tax</i> )		

**DECLARATION**

I declare, under the penalties of perjury, that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete return.

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Signature of Preparer

\_\_\_\_\_  
Signature of Producer/Operator

\_\_\_\_\_  
Date

***Filings received after April 15 will be treated as omitted with applicable penalties applied.***

