

**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:**

\_\_\_\_\_  
Name of Claimant – Person or Company (Please print/type)

\_\_\_\_\_  
Contact Person (If different than Claimant name) (Please print/type)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Daytime Telephone Number (With area code)

\_\_\_\_\_  
Fax Number (If avail.)

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
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 pursuant to NRS 517.187

\_\_\_\_\_  
Number of Mining Claims for which the Fee was paid

Please check one of the following: Did you:

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

Please list the date(s) when the payment(s) were made: \_\_\_\_\_

**ATTACH 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**

<b>Verified Payment</b>		Recorder <input type="checkbox"/> Yes <input type="checkbox"/> No	Treasurer <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Was payment received by State Comptroller?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Active MBT Account:</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	Tax ID # :
<b>Reporting Liabilities Going Forward:</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Amount of Credit:</b>		<b>Date to Accounting:</b>	
<b>Amount of Refund:</b>		<b>Date to Administrative Services:</b>	
<b>Completed by:</b>		<b>Date Application Received:</b>	