

**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:**

\_\_\_\_\_  
Actual Payor of Claim Fees Entitled to Credit or Refund

\_\_\_\_\_  
Mailing Address of Payor

\_\_\_\_\_  
Owner of Claims registered by County Recorder – person or company

\_\_\_\_\_  
City

\_\_\_\_\_  
State

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

\_\_\_\_\_  
Relationship of Payor to Owner of Claims  
(Corporate Parent, Lessee, Agent, or other)

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

\_\_\_\_\_  
Daytime Telephone Number (with area code) of principal contact

\_\_\_\_\_  
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 less Recording Fees

\_\_\_\_\_  
Date or Dates Paid

\_\_\_\_\_  
Affidavit Document Number

\_\_\_\_\_  
Number of Claims

\_\_\_\_\_  
Claim Names (Add additional page if necessary)

Please check one of the following: Did you:

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

**ATTACH "AFFIDAVIT AND DECLARATION OF CLAIMS HELD" AND 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>Amount of Verified Claim:</b>	\$ _____	Employee Initials _____
<b>Was payment received by State Comptroller?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employee Initials _____
<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 of Notification to Claimant of Department Decision:</b>
<b>Completed by:</b>	<b>Date Application Received:</b>	<b>Date to Board of Examiners:</b>