

## KANSAS OIL AND NATURAL GAS PRODUCERS

KansasStrong.com

## **Application for Refund** Year Requested: 2025

| Name of Applicant (Please type/print)                      |  |   |
|--|--|---|
| Address  |  | Phone Number  |
|  |  | Fax number  |
| City, State, Postal Code                                   |  | Email address   |
|  |  |   |
| Contact Person   |  | Contact Person Phone Number   |
|  |  | Dollars \$  |
| Amount of Refund Claimed                                   | ^ CCIDA\/IT                            |   |
| -  | AFFIDAVIT                              | <b>.</b> [, ]   |
| State of   | }                                      | <b> </b> ←  |
| County of  | } §                                    | [   |
| County of  | }                                      |   |
| The undersigned, being first du                            | ıly sworn, upon his or her oath, st    | tates:  |
| 1. My name is  |  | and my address is   |
| 1. 19 10   |  |   |
| production for which the assessment FURTHER. AFFIANT SAITH |  | etuna was paia.   |
| SUBSCRIBED AND SWORN BEF                                   | FOREMETHISday                          | y of  |
| My appointment expires:                                    | No                                     | otary Public  |
| fund were collected on production sale                     | les beginning with January 1, 2025. T  | ture in 2005 as K.S.A. 1625, et. seq Assessments for the<br>The assessment is equal to one-twentieth of one percent<br>nue. Royalty interests are exempt from the assessment. |
| Each Applicant must provide proof of ow                    | nership of the production from which   | n the assessment has been withheld, the amount withheld,  |
| , , , , , ,  | · ·                                    | Applicant's name and the amount of the Applicant's  |
| assessment, and joint interest billings or                 | statements, showing the amount of the  | the assessment billed to the Applicant are generally  |
| · ·  |  | et accompany the Assessment Refund Worksheet. An  |
| assessment refund worksheet is attached                    | d and may be used to facilitate compi  | ilation of this data. The worksheet <u>is not an alternative to</u>   |
| - ''   | <del>-</del>                           | ne Kansas Oil and Gas Resources Board on or before  |
| I  | for which the refund is applied. Appli | lications for refund and supporting documentation must be   |
| submitted to:  | Courier (FedEx, UPS) to:               | Electronic (Adobe® PDF format)  |
| P.O. Box 757   | 100 S. Main. Suite 120                 |   |

K.S.A. 2006 Supp. 55-1632

Wichita, Kansas 67201-0757

Any person subject to the assessment levied by K.S.A. 2006 Supp. 55-1631, and amendments thereto, may request a refund as provided in this section of the assessment paid on production sales for the preceding calendar year. Upon compliance with the provisions of this section and rules adopted by the board to implement this section, the board shall refund to each person requesting a refund the amount of the assessment paid by or on behalf of the person during the preceding calendar year. Refunds made shall include interest earned at the rate equal to the average United States treasury bill rate of the person that the person artificity is the person artificity to th a)

Wichita, Kansas 67202

- of the preceding calendar year as certified by the state treasurer.

  The request for a refund of the assessment paid on production for the preceding calendar year shall be made before the end of the third calendar month following the calendar year for which the refund is requested. Failure to request a refund during this period shall terminate the right of any person to receive a refund for the assessment paid on production for the preceding calendar year. The board shall give notice of the availability of the refund through press releases, or another means the board deems appropriate.

  Each person requesting a refund shall execute an affidavit showing the amount of refund requested and demonstrating that the affiant was the owner of the production and such other matters as the
- board reasonably requires for which the refund is requested. The board will verify the accuracy of the request for a refund prior to issuance of such a refund. No person requesting a full refund of all assessments imposed under this act shall be eligible to serve or have a representative serve as a member of the board

**Notary** Stamp Required

## Assessment Refund Worksheet Assessment Year:

| Name (person or entity seeking refund): | 2023   |  |
|---|--------|--|
| Contact Name (if different):            |        |  |
| Phone Number:                           | Email: |  |

|                                 |   |        | *Required for email confirmation of refund request |                              |  |
|---------------------------------|---|--------|--|------------------------------|--|
| MONTH OF<br>REVENUE<br>RECEIVED | APPLICANT'S<br>GROSS VALUE<br>AS RECEIVED IN CALENDAR<br>MONTH LISTED BELOW | RATE   | ASSESSMENT PAID BY APPLICANT Gross value x Rate    | TOTAL<br>REFUND<br>REQUESTED |  |
| JAN 2025                        |   | 0.0005 |  |                              |  |
| FEB 2025                        |   | 0.0005 |  |                              |  |
| MAR 2025                        |   | 0.0005 |  |                              |  |
| APR 2025                        |   | 0.0005 |  |                              |  |
| MAY 2025                        |   | 0.0005 |  |                              |  |
| JUN 2025                        |   | 0.0005 |  |                              |  |
| JUL 2025                        |   | 0.0005 |  |                              |  |
| AUG 2025                        |   | 0.0005 |  |                              |  |
| SEP 2025                        |   | 0.0005 |  |                              |  |
| OCT 2025                        |   | 0.0005 |  |                              |  |
| NOV 2025                        |   | 0.0005 |  |                              |  |
| DEC 2025                        |   | 0.0005 |  |                              |  |
|                                 |   |        |  |                              |  |
| Total Gross<br>Value:           |   |        | Total Refund<br>Requested:                         |                              |  |

- Name on this form must match the name submitted on the Application for Refund. A person or entity that redistributes to a third party or parties may not claim a refund on behalf of any of third party or parties.
- The name of the applicant must be the name of the person or entity requesting the refund. A separate Application Form must be submitted for each separate TIN/EIN number.
- 3. Refund period is for assessments withheld from or billed to the applicant during the 2025 calendar year.
- 4. Complete the requested information on the form above. Where the assessment may have been billed to the person seeking the refund, include the billed assessment amount in the column ASSESSMENT PAID BY APPLICANT for the appropriate month in which the assessment was billed, paid, or withheld, and attach a copy of the billing or check stub for the assessment amount.
- In lieu of completing this worksheet, a facsimile worksheet may be submitted, provided that your worksheet includes the same information requested on this form.
- 6. Attach copies of check stubs for runs received by the applicantforeachmonthofthecalendaryearshowingwhere the assessment was withheld. A year-to-date check stub that shows the total of the KOGRF Fund Fee is acceptable documentation. A 1099-Misc form is also a usable document where the KOGRF Fund Fee is shown as a separate line item.

- 7. Each application must be postmarked by March 31, 2026 and all supporting documentation must be included. Applications received with a postmark dated later than March 31, 2026 cannot be honored. Applications may be dropped off in person during normal business hours before the deadline.
- 8. In the event that the KOGRF board elects to conduct an audit of the information submitted, you will be notified, and arrangements will be made to schedule a mutually acceptable time period during which the audit may be conducted.
- Refunds are applicable to Kansas only. Do not include assessments from other states.
- Interest on the refund request will be calculated using the average U.S. Treasury Bill rate for 2025.
- Mail the completed form, along with the Application for Refund and copies of applicable check stubs or statements of assessment for the refund period during the 2025 calendar year to:

Kansas Oil and Gas Resources Fund P.O. Box 757 Wichita. Kansas 67201-0757

For courier service (Fedex/UPS)

100 S. Main, Suite 120 Wichita, Kansas 67202

For electronic (Adobe PDF Format)

Refunds@kansasstrong.com