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Assessment Refund
Worksheet Assessment Year:
2025

Name (person or entity seeking refund): _____

Contact Name (if different): _____

Phone Number: _____

Email: _____

*Required for email confirmation of refund request

MONTH OF REVENUE RECEIVED	APPLICANT'S GROSS VALUE AS RECEIVED IN CALENDAR MONTH LISTED BELOW	RATE	ASSESSMENT PAID BY APPLICANT <small>Gross value x Rate</small>	TOTAL REFUND 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 Value:			Total Refund Requested:	

1. 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.
2. 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.
5. 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 applicant for each month of the calendar year showing where 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.
9. Refunds are applicable to Kansas only. Do not include assessments from other states.
10. Interest on the refund request will be calculated using the average U.S. Treasury Bill rate for 2025.
11. 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