



Assessment Refund Worksheet

Assessment Year: 2017

Name (person or entity seeking refund): \_\_\_\_\_

Contact Name (if different): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email \_\_\_\_\_

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		0.0005		
FEB		0.0005		
MAR		0.0005		
APR		0.0005		
MAY		0.0005		
JUN		0.0005		
JUL		0.0005		
AUG		0.0005		
SEP		0.0005		
OCT		0.0005		
NOV		0.0005		
DEC		0.0005		

**Total Refund Request:**

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**Instructions**

- 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 for 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.**
- Refund period is for assessments withheld from or billed to the applicant during the 2017 calendar year.
- 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 shaving 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.
- Attach copies of check stubs for runs received by the applicant for each month of the calendar year showing where the assessment was withheld.
- Each application must be postmarked by March 31, 2018 and all supporting documentation must be included. **Applications received with a postmark dated later than March 31, 2018 cannot be honored.**
- 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 2017.
- 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 2017 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