

# KANSAS STRONG®

KANSAS OIL AND NATURAL GAS PRODUCERS

KansasStrong.com

## Application for Refund Year Requested: 2024

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

### AFFIDAVIT

State of

}

County of

}§

}

Notary  
Stamp  
Required

The undersigned, being first duly sworn, upon his or her oath, states:

1. My name is \_\_\_\_\_ and my address is \_\_\_\_\_.

2. I am authorized to execute this Application for Refund on behalf of the Applicant. The information stated above and on the attached documentation is true and correct in all material aspects. The Applicant is the owner of the production for which the assessment subject to this Application for Refund was paid.

FURTHER. AFFIANT SAITH NOT.

SUBSCRIBED AND SWORN BEFORE ME THIS \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

My appointment expires: \_\_\_\_\_ Notary Public

The Kansas Oil and Gas Resources Fund was created by the Kansas Legislature in 2005 as K.S.A. 1625, et. seq.. Assessments for the fund were collected on production sales beginning with January 1, 2024. The assessment is equal to one-twentieth of one percent (0.0005) of the working interest owner's share of their gross oil and gas revenue. Royalty interests are exempt from the assessment.

Each Applicant must provide proof of ownership of the production from which the assessment has been withheld, the amount withheld, and the date of withholding. Copies of the revenue check stubs that show the Applicant's name and the amount of the Applicant's assessment, and joint interest billings or statements, showing the amount of the assessment billed to the Applicant are generally sufficient proof of the assessment having been paid by the Applicant and must accompany the Assessment Refund Worksheet. An assessment refund worksheet is attached and may be used to facilitate compilation of this data. The worksheet is not an alternative to this Application for Refund. All Applications for Refund must be received by the Kansas Oil and Gas Resources Board on or before March 31st of the year following the year for which the refund is applied. Applications for refund and supporting documentation must be submitted to:

P.O. Box 757  
Wichita, Kansas 67201-0757

Courier (FedEx, UPS) to:  
100 S. Main, Suite 120  
Wichita, Kansas 67202

Electronic (Adobe® PDF format)  
[refunds@kansasstrong.com](mailto:refunds@kansasstrong.com)

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

- a) 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 preceding calendar year as certified by the state treasurer.
- (b) 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.
- (c) 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.
- (d) 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.

Assessment Refund  
Worksheet Assessment Year:  
2024

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 2024		0.0005		
FEB 2024		0.0005		
MAR 2024		0.0005		
APR 2024		0.0005		
MAY 2024		0.0005		
JUN 2024		0.0005		
JUL 2024		0.0005		
AUG 2024		0.0005		
SEP 2024		0.0005		
OCT 2024		0.0005		
NOV 2024		0.0005		
DEC 2024		0.0005		
<b>Total Gross Value:</b>			<b>Total Refund Requested:</b>	

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 2024 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, 2025** and all supporting documentation must be included. **Applications received with a postmark dated later than March 31, 2025 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 2024.
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 2024 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