

a. ■ 48190







You have certain rights under Chapters 552 and 559, Government Code, to review, request and correct information we have on file about you. Contact us at the address or phone number listed on this form.

Texas Comptroller of Public Accounts Amended CRUDE OIL Tax -- PRODUCER Report

		•							Page	1.01		
c. Taxpayer number	d. Due date	e. Filing period	f.	h.I	■ FM		i, m					
■	Taxpayer nam	e and mailing address										
g.		-										
					1 Blad	ken th	nis box	: if you	ır addre	ss		
					has							
		PANY ANY LEASE DETAI		Τ								
. ,		PORTING PERIOD. It is rec										
that supplement pages	be completed p	rior to completing this page										
						ENTER NET ADJUSTED AMOUNTS						
SUMMARY DATA (See	instructions)											
1. Total taxable barı	els from lease	detail supplements	[]									
		Supplements, Form 10-172. Enter who	e barrels.) 1. ■					2				
		se detail supplements	ç									
(Total from Item 21 on all	attached Lease Detail	Supplements, Form 10-172. Enter dolla	rs and cents.) 2. ■	•						»		
3. Regulatory fee as (Multiply Item 1 x		Enter dollars and cents.)	3	5				8				
	. See instructions.		3. _	• haanaandaa				aadhaaaaaa				
4. Tax due												
(Multiply Item 2 x	. Enter dollars and	cents.)	4. -					2		\$		
5. Tax due on lease	-		<u> </u>	5								
(Total of Item 23 from Lea	se Detail Supplement,	Form 10-172. Enter dollars and cents)	5. 🛙	I hannaandaa				aadaaaaaaa		************************************		
			SRUDE IL TAX									
6. Total tax and fee due CUESTION? \$ (Add Items 3, 4 and 5. Enter dollars and cents.)												
(Add hems 3, 4 and 5. Em		<u>U</u> A		•								
0-168		1-300	252-1384									
	* * * DO NOT D	ETACH * * *	V									
7. Overpayment (Cre	edit Transfer Form fo	or Crude Oil Tax, Form 10-141, m		_								
8. Net amount due	ltem 6 minus Item 7)		8. 9	5						*		
9. Penalty & Interest (If tax is paid after the due date, see instructions.) 9.				\$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		*		
40 TOTAL			9									
10. TOTAL AMOUNT Taxpayer name	DUE AND PAY	ABLE (Item 8 plus Item 9)	10. I	•								
ranpayor name			.	n.								
■ T Code ■ Taxpayer	number	Period		1		L						
48020					Make the amount in Item 10 payable to State Comptroller							
declare that the information in thi	s document and any at	tachments is true and correct to the be	st of my knowledge and	belief	Mail to	-						
declare that the information in this document and any attachments is true and correct to the best of my knowledge and be Print name Business phone (Area code and number)					Comptro	1493	58		counts			
					Austin, T	X 787	14-93	58				
sign N Taxpayer or duly author	vized egent	Date										

Form 10-168 (Back)(Rev.7-18/7)

See instructions, Form 10-331, to complete your Amended Crude Oil Tax Producer Report.