

AMENDMENT



a. ■ 48150

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 SPECIAL Report

Page 1 of _____

c. Taxpayer number ■	d. Due date	e. Filing period	f. ■
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Taxpayer name and mailing address

g.

h. ■ FM i. ■

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¹ Blacken this box if your address has changed.

THIS REPORT PAGE MUST ACCOMPANY ANY LEASE DETAIL SUPPLEMENT PAGES (Form 10-175) FOR THIS REPORTING PERIOD. It is recommended that supplement pages be completed prior to completing this page.

PLEASE INDICATE REASON

LOST STOLEN UNACCOUNTED FOR

OTHER _____

SUMMARY DATA - (See instructions)

1. Total taxable barrels from lease detail supplements

(Total from Item 17 on all attached Lease Detail Supplements, Form 10-175. Enter whole barrels.) 1. ■

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2. Total net taxable value from lease detail supplements

(Total from Item 21 on all attached Lease Detail Supplements, Form 10-175. Enter dollars and cents.) 2. ■ \$

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3. Regulatory fee assessment

(Multiply Item 1 x . See instructions. Enter dollars and cents.) 3. ■ \$

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4. Tax due

(Multiply Item 2 x . Enter dollars and cents.) 4. ■ \$

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5. Tax due on leases with exemptions (Type 05 and/or Type 14)

(Total of Item 23 from Lease Detail Supplement, Form 10-175. Enter dollars and cents.) 5. ■ \$

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6. Total tax and fee due

(Add Items 3, 4 and 5. Enter dollars and cents.) 6. ■ \$

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10-174
(Rev.7-18/7)

*** DO NOT DETACH ***

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7. Overpayment (Credit Transfer Form for Crude Oil Tax, Form 10-141, must be included.) 7. \$

8. Net amount due (Item 6 minus Item 7) 8. \$

9. Penalty & Interest (If tax is paid after the due date, see instructions.) 9. \$

10. TOTAL AMOUNT DUE AND PAYABLE (Item 8 plus Item 9) 10. ■ \$

Taxpayer name

■ T Code ■ Taxpayer number ■ Period

48020

Make the amount in Item 10 payable to
State Comptroller

Mail to
Comptroller of Public Accounts
P.O. Box 149358
Austin, TX 78714-9358

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief.

Print name	Business phone (Area code and number)
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sign here Taxpayer or duly authorized agent	Date
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m. ■

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***See instructions, Form 10-333, to complete
your Amended Crude Oil Tax Producer Special Report.***