## Nevada Department of Taxation Local Government Services Division



### NET PROCEEDS OF MINERALS TAX OPERATOR - STATEMENT OF GROSS YIELD AND CLAIMED NET PROCEEDS

(NRS 362.110)

For Production January 1 through December 31, 2024 (Tax Year 2024-2025)

For electronic submission, please email or otherwise deliver the completed package to the Department contact(s) listed in the instructions.	For a paper submission, return the completed reporting package to: Department of Taxation Centrally-Assessed Properties Section 3850 Arrowhead Dr., 2nd Floor Carson City, Nevada 89706
Questions? Call the De	epartment at (775) 684-2014; (775) 684-2028 or (775) 684-2006
Part A: Filing Type	
Please select one of these options>	Initial Statement Due on or before February 17, 2025 NRS 362.110(1)(a) Amended Statement Due within 30 days after filing initial statement NRS 362.110(1)(b)
Part B: Operator Information	
Please input, type or print the following info	rmation. See Instructions.
Operator Name	
Mine Name	
Property Identification Code (PIN)	
County	
Address	
City, State, Zip Code	
Part C: Representative to Contact Please input, type or print the following info	rmation. See Instructions.
Please select one of these options>	Representative is an employee of the Operator Representative is a third party (Attach Agent Authorization Form)
Name	
Address	
City, State, Zip Code	
Telephone Number	
Fax Number	
email	

#### Part D: Verification by Management

I hereby affirm that the information on the attached Statement of Gross Yield and Claimed Net Proceeds along with the accompanying Schedules and any supporting documentation has been examined by me and to the best of my knowledge and belief is a true, correct, and complete statement of the gross yield and actual costs incurred during the period indicated. NRS 362.110(1)(c)

Signature	
Print Name	
Title	
Date	

### (Gross Yield, Deductions, Net Proceeds) **OPERATOR - STATEMENT OF GROSS YIELD AND CLAIMED NET PROCEEDS** For Production January 1 through December 31, 2024 (Tax Year 2024-2025)

Operator:	County:
Mine Name:	PIN:

## Part A: GROSS YIELD OF MINERALS EXTRACTED

### See Instructions. Failure to do so may result in fines, penalties, or both.

Attach statement of methodology used to determine gross yield. See instructions.

Attach additional schedules, if needed.

			Total Produc	t Sold by Unit				
Line No.	Product	Ounces	Pounds	Tons	Other	Price Per Unit	Gross Yield	Department Use Only
1								
2								
3								
4	Total Gross Yield. NR	S 362.120(2	2). Total Lir	nes 1 throug	gh 3			

## Part B: CLAIMED DEDUCTIONS FROM GROSS YIELD

#### See Instructions. Failure to do so may result in fines, penalties, or both.

Line No.	Cost of Extraction	Claimed Deduction	Department Use Only
5	Employee Compensation	Deduction	Use Only
-			
6	Paid Vacation Leave and Paid Sick Leave		
7	Qualified Pension Plans, Retirement, and 401k		
8	Unemployment, Social Security, Medicare, Premiums for Industrial Insurance, Actual Cost of Hospital and Medical Attention, Accident Benefits and Group Insurance		
9	Maintenance and Repairs		
10	Materials and Supplies		
11	Fuel		
12	Electric Power		
13	Utilities - Except Electric Power		
14	Renting Equipment		
15	Contracting for Mining Operations		
16	Developmental Work		
17	Reclamation Work		
18	Nevada Based Corporate Services		
19	Employee Travel		
20	Transportation Services to the Mine for the Employees		
21	Vehicle Allowances		
22	Other Direct Costs of Mining Functions Attach Schedule		
23	Total Cost of Extraction. Total Lines 5 through 22		

2025

### (Gross Yield, Deductions, Net Proceeds) OPERATOR - STATEMENT OF GROSS YIELD AND CLAIMED NET PROCEEDS For Production January 1 through December 31, 2024 (Tax Year 2024-2025)

Operator: \_\_\_\_

Mine Name: \_\_\_\_\_

County: \_\_\_\_\_

PIN: \_\_\_\_\_

# Part B: CLAIMED DEDUCTIONS FROM GROSS YIELD (continued)

Line No.	Cost of Transporting to Place(s) of Reduction, Refining, and Sale	Claimed Deduction	Department Use Only
24	Employee Compensation		
25	Paid Vacation Leave and Paid Sick Leave		
26	Qualified Pension Plans, Retirement, and 401k		
27	Unemployment, Social Security, Medicare, Premiums for Industrial Insurance, Actual Cost of Hospital and Medical Attention, Accident Benefits and Group Insurance		
28	Maintenance and Repairs		
29	Materials and Supplies		
30	Fuel		
31	Electric Power		
32	Utilities - Except Electric Power		
33	Renting Equipment		
34	Contracting for Transportation to Place(s) of Reduction, Refining, and Sale		
35	Nevada Based Corporate Services		
36	Employee Travel		
37	Transportation Services for Employees		
38	Vehicle Allowances		
39	Other Direct Costs of Mining Functions Attach Schedule		
40	Total Cost of Transporting to Place(s) of Reduction, Refining, and Sale. Total Lines 24 through 39		

## Part B: CLAIMED DEDUCTIONS FROM GROSS YIELD (continued)

Line No.	Cost of Reduction, Refining, and Sale	Claimed Deduction	Department Use Only
41	Employee Compensation		
42	Paid Vacation Leave and Paid Sick Leave		
43	Qualified Pension Plans, Retirement, and 401k		
44	Unemployment, Social Security, Medicare, Premiums for Industrial Insurance, Actual Cost of Hospital and Medical Attention, Accident Benefits and Group Insurance		
45	Maintenance and Repairs		
46	Materials and Supplies		
47	Fuel		
48	Electric Power		
49	Utilities - Except Electric Power		

## (Gross Yield, Deductions, Net Proceeds)

## OPERATOR - STATEMENT OF GROSS YIELD AND CLAIMED NET PROCEEDS For Production January 1 through December 31, 2024 (Tax Year 2024-2025)

Ope	rator:	County:	
Mine	Name: PIN:		
50	Renting Equipment		
51	Contracting for Reduction, Refining, and Sale Operations		
52	Nevada Based Corporate Services		
53	Employee Travel		
54	Transportation Services for Employees		
55	Vehicle Allowances		
56	Other Direct Costs of Mining Functions Attach Schedule		
57	Total Cost of Reduction, Refining, and Sale. Total Lines 41 through 56		

## Part B: CLAIMED DEDUCTIONS FROM GROSS YIELD (continued)

58	Total Production Royalties (From Schedule B, Line 21)	
59	Total Claimed Depreciation of Capital Assets (From Schedule E, Line 4)	
60	<b>Total of All Claimed Deductions from Gross Yield.</b> Add Totals from Lines 23, 40, 57, 58, and 59	

## Part C: NET PROCEEDS OR LOSS

Subtract total claimed deductions from the total gross yield

61	Net Proceeds or Loss. Line 4 less Line 60		
----	-------------------------------------------	--	--

2025

### OPERATOR - STATEMENT OF GROSS YIELD AND CLAIMED NET PROCEEDS For Production January 1 through December 31, 2024 (Tax Year 2024-2025)

Schedule B Production Royalties

Operator:	County:
Mine Name:	PIN:

List all production royalty recipients and amount(s) paid. Do NOT include non-production based royalty payments that are paid regardless of extraction, i.e. minimum advance royalties, lease payments, etc. Attach a copy of IRS Form 1099 for each royalty recipient, if applicable.

If necessary, attach supporting documentation and transfer appropriate totals to this schedule. See Instructions.

	A	В	С	D	E	F
	Name	Address	City, State, Zip	Phone No.	Amount Paid	Dates Payments Made
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21	Total Production Roya	alties Paid. Enter on Gross Yiel	d, Deductions, Net Proceeds	section, Line 58	\$	

## OPERATOR - STATEMENT OF GROSS YIELD AND CLAIMED NET PROCEEDS For Production January 1 through December 31, 2024 (Tax Year 2024-2025) Schedule C Capital Asset Additions

Operator:		County: _				
Mine Name:						
	List and detail assets by class, as indicated below, sh	owing original cost installed by	asset.			
If nece	ssary, attach supporting documentation and transfer app					
Classes of Pro						
	Improvements or Buildings - 20 year life	C = Mobile Machinery and				
B = Fixed Mach	ninery and Equipment - 20 year life	- 20 year life D = Autos and Light Service Vehicles - 5 year life				
	Report property transferred from one mine site to another site owned	d by the same company on Schedule C-	1 and D-1			
	Additions					
	А	В	С			
Class	Paparintian	Date Originally	Original Acquisition Cost / Cost Installed			
A	Description	Acquired	COSt / COSt Installed			
	Total Class A Additions to Capitalized Property. Tra	nsfer Total to Sch E Col B Class A	\$			
В						
	Total Class B Additions to Capitalized Property. Tra	nsfer Total to Sch E Col B Class B	\$			
С						
	Total Class C Additions to Capitalized Property. Tra	nster Total to Sch E Col B Class C	\$			
D						

\$

Total Class D Additions to Capitalized Property. Transfer Total to Sch E Col B Class D \$

Total Additions to Capitalized Property. Equal to Sch E Col B Line 1

2025 Sch C

Mine	ne Name: PIN:							
	Lis	st and detail asse		ndicated below, show n and transfer approp		stalled by asset. schedule. See Instruct	tions.	
A = Le	easehold Improvements o ixed Machinery and Equi					obile Machinery and Eq utos and Light Service '		
	Repo	rt property transferr	ed from one mine sit	te to another site owned b	y the same company on	Schedule C-1 and D-1		
<b>—</b>	А	в	с	Deletions D	E	F	G	
┝──┦			<u>├──</u>	5	<u> </u>	, <u>,</u>		
Class	Description	Date Originally Acquired	Deletion Date See Instructions	Original Acquisition Cost / Cost Installed	Depreciation taken in Prior Years	Consideration for Sale, Trade-In, Insurance, etc.	Remaining Value (Col. D less Col. E Less Col. F) but not below zero	
Α	l	+	<u> </u>					
┠──┤	I	1	+					
			1					
	i		<b> </b>	ļ!				
┠──┤		+	+					
Α			Total Class A					
в	[	1	T	1		<u> </u>		
	 	<b>—</b> —	<b>_</b>					
┠──┤	l	+						
		<u>+</u>	<u>+</u>	· · · · · · · · · · · · · · · · · · ·				
в			Total Class B					
С		1	1					
			1					
	<u> </u>		<u></u>					
┠──┤	l	+	+					
		<u> </u>						
с			Total Class C					
D	i	+	<b></b>					
┠──┤	1	+	+					
┠──┤	l	+	<u> </u>					
D			Total Class D					
			Total All Classes					
				Transfer Totals for Each Class to Sch E Col D			Transfer Total to Sch E Line 3	

2025 Sch D

## **OPERATOR - STATEMENT OF GROSS YIELD AND CLAIMED NET PROCEEDS**

For Production January 1 through December 31, 2024 (Tax Year 2024-2025)

Schedule D - Capital Asset Deletions

Operator	:

County: \_ ....

For Production January 1 through December 31, 2024 (Tax Year 2024-2025)

Schedule C-1 Capital Asset Transferred IN

Operator:	Operator:					
Mille Hame.						
If neces		ets by class, as indicated below, showing original co g documentation and transfer appropriate totals to		-		
11 116663	sodiy, attach supporting	Classes of Property:	IIII SCHEUUR			
	ld Improvements or Buildin	ings - 20 year life C = Mobile		nd Equipment - 10 year life		
B = Fixed Mad	achinery and Equipment - 2	20 year life D = Autos	s and Light Serv	vice Vehicles - 5 year life		
	Report only property tra	nsferred from one mine site to another site owned by the same	company on this	Schedule		
		Additions - TRANSFERS IN ONLY		-		
	А	В	с	D		
	Transferred from		Year	Original Acquisition		
Class	What Mine	Description	Originally Acquired	Original Acquisition Cost / Cost Installed		
A						
	<b></b>	<u> </u>	·	<b> </b>		
	<b></b>		'	<u> </u>		
	+	+		<u> </u>		
	†					
<u> </u>		Total Class A Transfers IN. Transfer Total to Sch E	. Col C Class A	\$		
В	<b></b>	+	'	<u> </u>		
ľ	+	+	·	<del> </del>		
	†					
ļ	<b>_</b>	<u> </u>	ļ'	<b> </b>		
	<del> </del>	+	'	<del> </del>		
		Total Class B Transfers IN. Transfer Total to Sch E	Col C Class B	\$		
С	I	T		· · · · · · · · · · · · · · · · · · ·		
ļ	<b></b>	<u> </u>	·	<b> </b>		
	<b></b>	+	'	<u> </u>		
ľ	+	+	·	<del> </del>		
	<u>+</u>		<u> </u>			
<u> </u>		Total Class C Transfers IN. Transfer Total to Sch E	Col C Class C	\$		
D	<u> </u>	+	'	<del> </del>		
 	+	+	·	<u> </u>		
	†					
	<b>_</b>		ļ'	<b> </b>		
	<b></b>		'	<b> </b>		
		Total Class D Transfers IN. Transfer Total to Sch E	Col C Class D	\$		
		(Class A, B, C, and D). Equal to Total Schedule E, Co				

2025 Sch C-1

## **OPERATOR - STATEMENT OF GROSS YIELD AND CLAIMED NET PROCEEDS**

For Production January 1 through December 31, 2024 (Tax Year 2024-2025)

Schedule D-1 Capital Assets Transfers OUT

Operator:	_ County:
Mine Name:	PIN:

List and detail assets by class, as indicated below, showing original cost installed by asset. If necessary, attach supporting documentation and transfer appropriate totals to this schedule. See Instructions.

#### **Classes of Property:**

A = Leasehold Improvements or Buildings - 20 year life

B = Fixed Machinery and Equipment - 20 year life

C = Mobile Machinery and Equipment - 10 year life D = Autos and Light Service Vehicles - 5 year life

Report only property transferred from one mine site to another site owned by the same company on this Schedule

Deletions - TRANSFERS OUT ONLY							
	А	В	С	D			
Class	Transferred to What Mine?	Description	Date Originally Acquired	Original Acquisition Cost / Cost Installed			
Α	-						
	Tet	al Class A Transfere OUT Transfer Total to Sak E		¢			
	101	al Class A Transfers OUT. Transfer Total to Sch E	COI E Class A	\$			
В							
	Tota	al Class B Transfers OUT. Transfer Total to Sch E	Col E Class B	\$			
С							
	l Tota	al Class C Transfers OUT. Transfer Total to Sch E	Col E Class C	\$			
D	100			Ψ			
	Tota	al Class D Transfers OUT. Transfer Total to Sch E	Col E Class D	\$			
	Total Transfers O	ut (Class A, B, C, and D). Equal to Total Sch E, Co	lumn E, Lin <mark>e 1</mark>	\$			

2025

### OPERATOR - STATEMENT OF GROSS YIELD AND CLAIMED NET PROCEEDS

For Production January 1 through December 31, 2024 (Tax Year 2024-2025)

Schedule	Е	Depreciation
----------	---	--------------

Oper	ator:		Cou	unty:					
Mine	Mine Name:								
				Depr	eciation Summ	ary			
	A	В	с	D	E	F	G	н	Department Use Only
Class	<u>Total Adjusted</u> <u>Acquisition Cost</u> From Last Year 2016 NPM Report (Col F)	Additions from Sch C Col C	Transfers IN from Sch C-1 Col D	Deletions from Sch D Col D	Transfer OUT from Sch D-1 Col D	<u>Total Acquisition</u> <u>Cost</u> Col A + Col B + Col C - Col D - Col E		Allowable Depreciation Col F X Col G	
Α							5%		
в							5%		
С							10%		
D							20%		
Line 1									
	Department Use Only								
2	2024 Production Year Depreciation Total (From Col. H, Line 1 above)								
3	Total Remaining Value of 2024 Deleted Items (From Schedule D Column F)								
4	Total 2024 Allowable Depreciation. Add Lines 2 and 3; Transfer to Gross Yield, Deductions, Net Proceeds								

	Department Use Only							
Α							5%	
В							5%	
С							10%	
D							20%	
	Total							

Date Desk Review Complete: \_\_\_\_\_\_ Reviewed By: \_\_\_\_\_\_ Date Database Entry Complete: \_\_\_\_\_\_ Input By: \_\_\_\_\_\_

## OPERATOR - STATEMENT OF GROSS YIELD AND CLAIMED NET PROCEEDS For Production January 1 through December 31, 2024 (Tax Year 2024-2025) Schedule O Deduction Detail Schedule

Operator:	County:
Mine Name:	PIN:

Detail for Line #\_\_\_\_\_

Description	G/L Account No.	G/L Description	Description	Description	Claimed Amount
	Subtotal				
	Adjustments				
			1		
	Subtotal Adjustments				
	Totals	1			

#### Schedule P Agent Authorization Form

Please complete this form to authorize the designated Agent to represent the Taxpayer in the tax matters described.

The Taxpayer (e.g. Operator or Declarant) whose name and contact information appears below hereby authorizes the Agent whose name and contact information appears below to represent the Taxpayer before the Department of Taxation of the State of Nevada with respect to the tax matters and reporting periods listed below.

Tax Category	Period(s)	Property Identification Number	Property or Mine Name	County	Other Identifier

The Agent is authorized to receive and inspect confidential tax information and to perform any and all acts that Taxpayer can perform with respect to the tax matters described above.

The Agent hereby requests that all questions and requests for information pertaining to the tax matter(s) described above be sent to the Agent per the Contact Information below.

## **Taxpayer Contact Information**

Taynayer Name	
*Owner, Officer, or Employee of Taxpayer	<u>.</u>
Title of Owner, Officer or Employee of Taxpayer	
Signature	
Date	
*If the Taxpayer is a corporation, limited partnership Authorization must be signed by an officer or author	, limited liability corporation or similar business entity, the Agent
Authorized Agent Contact Information	n
Authorized Agent	
Mailing Address	
Phone Number	
email	

I hereby accept appointment as the Authorized Agent of the Taxpayer in the tax matters identified above.

Authorized Agent Signature

Title

\_\_\_\_\_ Date