# þÿNevada Department of Taxation

# Local Government Services Division

**NET PROCEEDS OF MINERALS TAX**

**STATEMENT OF ROYALTIES RECEIVED**

(NRS 362.110)

For Production January 1 through December 31, 2023 (Tax Year 2023-2024)

Return the completed form to:

Reported by: Royalty Recipient, Recipient ID

 Recipient Street Address

 Recipient City, State, Zip

Received from: Operator, Operator ID

 Mine Name, County

Department of Taxation Centrally-Assessed Properties Section

3850 Arrowhead Dr., 2nd Floor

Carson City, Nevada 89706

A separate report must be filed for each mine, oil well, or geothermal project.

This report covers the period beginning January 1, 2023 and ending December 31, 2023.

Consult the reporting instructions provided by the Department and/or NRS 362.105 and NAC 362.020.

Attached additional sheets if necessary.

*Report production royalties received for this period. 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 or statement of royalties received, if applicable.

|  |  |  |
| --- | --- | --- |
|  | **Royalty Received From:** |  |
| **Date Received** | **Name** | **Address** | **Amount Received** | **Department Use Only** |
| Jan-2023 |  |  |  |  |
|  |  |  |  |  |
| Feb-2023 |  |  |  |  |
|  |  |  |  |  |
| Mar-2023 |  |  |  |  |
|  |  |  |  |  |
| Apr-2023 |  |  |  |  |
|  |  |  |  |  |
| May-2023 |  |  |  |  |
|  |  |  |  |  |
| Jun-2023 |  |  |  |  |
|  |  |  |  |  |
| Jul-2023 |  |  |  |  |
|  |  |  |  |  |
| Aug-2023 |  |  |  |  |
|  |  |  |  |  |
| Sep-2023 |  |  |  |  |
|  |  |  |  |  |
| Oct-2023 |  |  |  |  |
|  |  |  |  |  |
| Nov-2023 |  |  |  |  |
|  |  |  |  |  |
| Dec-2023 |  |  |  |  |
|  |  |  |  |  |
|  | **Total** | **-** |  |

I hereby certify to the best of my knowledge that the foregoing is a full and true statement of total royalties received for the calendar year 2023 for the above-named mine.

Date Your Printed Name Your Signature Title

Company Address City, State, Zip E-mail / Phone #