

MONTHLY REMITTANCE REPORT – OIL AND GAS SEVERANCE TAX

COMANCHE NATION TAX COMMISSION  
P.O. BOX 1917  
1915 E. GORE BLVD.  
LAWTON, OKLAHOMA 73502

1. Reporting Period: \_\_\_\_\_, 20 \_\_\_\_
2. \_\_\_\_ Original Report \_\_\_\_ Amended Report
3. Lessee Information:
  - a. **Bureau of Indian Affairs Lease Number:** \_\_\_\_\_
  - b. **Comanche Nation Allotment Number:** \_\_\_\_\_ **Amount of acres leased** \_\_\_\_\_
  - c. **Lessee's Comanche Nation License Number:** \_\_\_\_\_
  - d. Lessee's Name and Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - e. Date of Lease, Sublease, or Assignment (if applicable): \_\_\_\_\_
  - f. If Subleased or Assigned, Name of Original Lessee: \_\_\_\_\_
4. Legal Description of Producing Unit:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Operator Information:
  - a. Operator's Name and Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - b. Operator's Comanche Nation License Number: \_\_\_\_\_
6. Date of Unitization Agreement (if applicable): \_\_\_\_\_
7. If Tax is to be Paid by Person Other than the Lessee:
  - a. Taxpayer's Name and Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - b. Explain Relationship to Lessee:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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c. Has the Comanche Tax Commission provided written authorization for the taxpayer to remit taxes: \_\_\_\_  
yes \_\_\_\_ no

8. Taxpayer's Contact Information:

a. Name: \_\_\_\_\_

b. Phone Number: \_\_\_\_\_

9. Taxes:

a. Amount of Taxes Due (total of column 12 from computations table): \_\_\_\_\_

b. Amount of Taxes Paid: \_\_\_\_\_

10. Payment Information:

a. Paid by check number: \_\_\_\_\_

b. Drawn on Bank: \_\_\_\_\_

c. Bank's Address: \_\_\_\_\_

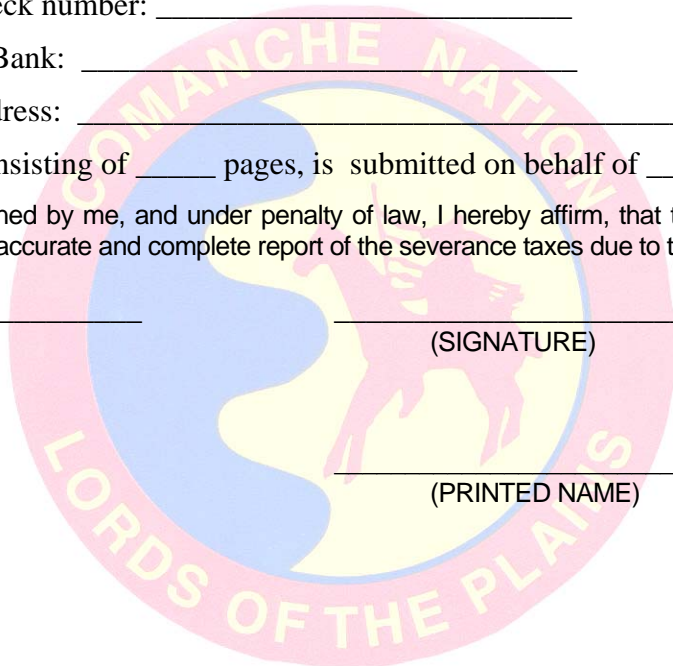
11. This report, consisting of \_\_\_\_ pages, is submitted on behalf of \_\_\_\_\_  
(Company)

and has been examined by me, and under penalty of law, I hereby affirm, that to the best of my information, knowledge, and belief, it is a true and accurate and complete report of the severance taxes due to the Comanche Nation for this reporting period.

\_\_\_\_\_  
DATE

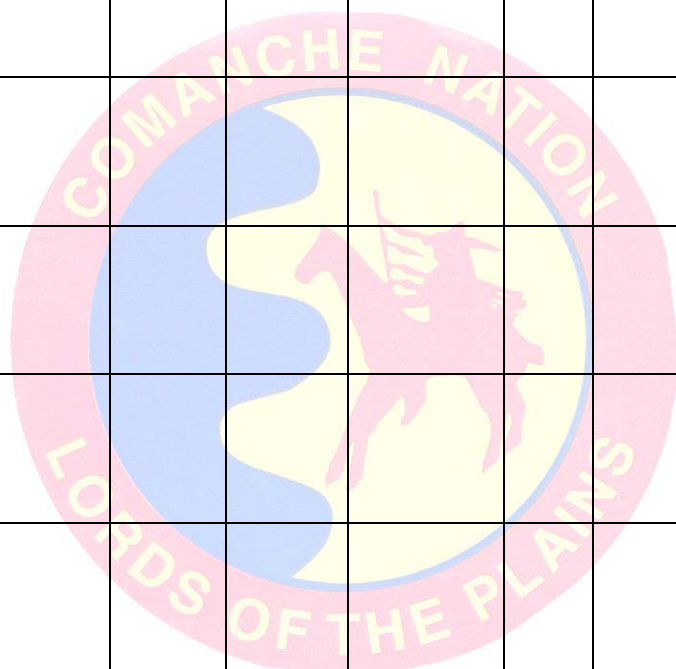
\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(PRINTED NAME)



12. OIL AND GAS SEVERANCE TAX COMPUTATION:

	1. WELL NAME & NUMBER BIA CONTRACT NUMBER	2. PRODUCTION PERIOD	Amount Of Tribal Acres leased	Cash Bonus Amount	3. PRODUCT	4. GROSS WELL PRODUCTION	5. PRICE PER UNIT	6. GROSS WELL VALUE	7. PERCENTAGE OF INDIAN INTEREST	8. VALUE OF INDIAN INTEREST	9. VALUE OF EXEMPT INDIAN INTEREST	10. TAXABLE VALUE	11. TAX RATE	12. TAXES DUE
<b>A</b>														
<b>B</b>														
<b>C</b>														
<b>D</b>														
<b>E</b>														
<b>F</b>														



(Use Supplemental sheets where necessary)

