

(7108)

Amended Colorado Coal Severance Tax Return



Taxable Year Beginning (MM/DD/YY)	Taxable Year Ending (MM/DD/YY)
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Last Name or Business Name		First Name	Middle Initial	Colorado Account Number
Address			City	
			FEIN	
State	Zip	Foreign Country		Phone Number ()

If this is a final return, check this box. ●

Round all amounts to the nearest dollar		1 ST	2 ND	3 RD	4 TH
1. Taxable Quarters	From (MM/DD/YY)				
	Through (MM/DD/YY)				

Production

2. Underground Lignitic Production – (tons)	●	●	●	●
3. Underground Nonlignitic Production – (tons)	●	●	●	●
4. Surface Lignitic Production – (tons)	●	●	●	●
5. Surface Nonlignitic Production – (tons)	●	●	●	●
6. Total Production, add lines 2 through 5	●	●	●	●

Tax

7. Tax Exempt Tonnage	300,000	300,000	300,000	300,000
8. Taxable Tonnage, line 6 minus line 7				
9. Tax Rate for Quarter	%	%	%	%
10. Tax for Quarter, line 8 times line 9	●\$.00	●\$.00	●\$.00	●\$.00

Tax Credits

11. Total Underground Production, line 2 plus line 3				
12. Total Lignitic Production, line 2 plus line 4				
13. Average of lines 11 and 12 [(lines 11 + 12) ÷ 2]				
14. Credit %, line 13 divided by line 6	%	%	%	%
15. Credit, line 14 times line 10	●\$.00	●\$.00	●\$.00	●\$.00

16. Net Tax, line 10 minus line 15		00
17. Total tax, add all amounts on line 16	● 17	00



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18.	Impact assistance credit	● 18		00									
19.	Net tax, line 17 minus line 18 but not less than zero	19		00									
20.	Estimated tax and extension payments	● 20		00									
Stop	Stop here to let the Department Of Revenue calculate your refund or balance due. Otherwise, manually complete the return yourself and continue with line 21.												
21.	If line 20 is larger than line 19, enter your overpayment	● 21		00									
22.	Enter the amount owed from your original return or as previously adjusted	● 22		00									
23.	If line 19 is larger than line 20, enter the balance of tax due	● 23		00									
24.	Enter the amount owed from your original return or as previously adjusted	● 24		00									
Compute The Amount You Owe													
25.	Line 25 minus line 21, but not less than zero	25		00									
26.	Line 23 minus line 24, but not less than zero	26		00									
27.	Additional tax due, total of lines 25 and 26	27		00									
28.	Interest due on additional tax	● 28		00									
29.	Penalty due - see instructions	● 29		00									
30.	Estimated tax penalty due - see instructions	● 30		00									
31.	Payment due with this return, add lines 24 through 2	<input type="checkbox"/> Paid by EFT	● 31 \$.00									
<small>The State may convert your check to a one time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment amount directly from your bank account electronically.</small>													
Compute Your Refund													
32.	Line 21 minus line 22, but not less than zero	32		00									
33.	Line 34 minus line 23, but not less than zero	33		00									
34.	Refund claimed with this return, total of lines 32 and 33	● 34		00									
<table style="width: 100%; border: none;"> <tr> <td rowspan="2" style="vertical-align: middle;">Direct Deposit</td> <td style="border: none;">Routing Number</td> <td style="border: none;"><input type="text"/></td> <td style="border: none;">Type: <input type="checkbox"/> Checking</td> <td style="border: none;"><input type="checkbox"/> Savings</td> </tr> <tr> <td style="border: none;">Account Number</td> <td style="border: none;"><input type="text"/></td> <td colspan="2" style="border: none;"></td> </tr> </table>					Direct Deposit	Routing Number	<input type="text"/>	Type: <input type="checkbox"/> Checking	<input type="checkbox"/> Savings	Account Number	<input type="text"/>		
Direct Deposit	Routing Number	<input type="text"/>	Type: <input type="checkbox"/> Checking	<input type="checkbox"/> Savings									
	Account Number	<input type="text"/>											
35.	Overpayment credited to next year's estimated tax (Do not include this amount on line 34)	● 35		00									





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Last Name or Business Name		First Name	Middle Initial	Colorado Account Number	
Reason for Amendment:					
Under penalty of perjury in the second degree, I declare that I have examined this return and to the best of my knowledge and belief it is true, correct, and complete.					
Signature of Taxpayer or Corporate Officer				Date (MM/DD/YY)	
Last Name (Preparer of Return)		First Name (Preparer of Return)	Middle Initial	Phone Number ()	
Address					
City				State	Zip
Mail to and make checks payable to: Colorado Department of Revenue Denver, CO 80261-0006					



