



Extension Of Time For Filing Colorado Oil And Gas Severance Tax Return

Colorado severance tax returns are due to be filed by the fifteenth day of the fourth month after the close of the tax year.

An automatic six-month extension of time for filing the Colorado severance tax return is allowed for all taxpayers. However, an extension of time to file is not an extension of time to pay the tax. If at least 90% of the net tax liability is not paid by the original due date of the return, penalty and interest will be assessed. If 90% or more of the net tax liability is paid by the original due date of the return and the balance is paid when the return is filed by the last day of the extension period, only interest will be assessed.

Use the DR 0021S to make a payment that must be made by the original due date of the return to meet the 90% requirement.

If after the original due date of the return it is found that the amount paid is insufficient to meet the 90% requirement, additional payment should be made as soon as possible to reduce accumulation of penalty and interest. Make such payment with the DR 0021S.

Be sure to round your payment to the nearest dollar. The amount on the check and the amount entered on the payment form must be the same. This will help maintain accuracy in your tax account.

Submit the DR 0021S with payment to:

Colorado Department of Revenue
Denver, CO 80261-0008

Worksheet	
1. Tentative amount of tax for the taxable year after reduction for the impact assistance credit (if any)	\$
2. Less: (a) Severance tax withheld	\$
(b) Estimated tax payments	\$
(c) Total (a) and (b)	\$
3. Balance to be remitted with this request for extension, line 1 minus line 2 (c). Enter amount of payment below. Claim credit for this payment on line 5 of the DR 0021	\$

If no payment is due, do not file the DR 0021S.

DR 0021S (03/27/15)

Return the DR 0021S with check or money order payable to the Colorado Department of Revenue, Denver, Colorado 80261-0008. Write your Social Security number, Colorado Account Number or Federal Employer Identification Number and DR 0021S on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this form.

For tax period: (MM/YY)		Ending: (MM/YY)	
Your Last Name	First Name	Middle Initial	SSN
Spouse's Last Name	First Name	Middle Initial	Spouse's SSN
Address			FEIN
City	State	ZIP	Foreign Country

If no payment is due, do not file this form.

Amount Owed

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.

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