



UTAH STATE TAX COMMISSION
PROPERTY TAX DIVISION
2009 CAPITALIZED NET REVENUE (CNR)
INCOME QUESTIONNAIRE

Taxpayer Name: _____ Taxpayer No: _____

Unit Name: _____ Unit No.: _____

County: _____

GROSS INCOME

1	Gross Mineral Sales	(SCHEDULE 1)	\$
2	Self-Consumed Minerals - Using Representative Sales	(SCHEDULE 2)	\$
3	Premiums, Bonuses and Subsidies		\$
4	Interest Income		\$
5	Other Income	(SCHEDULE 5)	\$
6	Total	(ADD LINES 1 THROUGH 5)	\$

ALLOWABLE COSTS

7	Salaries and Wages		\$
8	Payroll Taxes and Employee Benefits		\$
9	Workers Compensation Insurance		\$
10	General Insurance		\$
11	Sales and Use Taxes		\$
12	Supplies and Tools		\$
13	Utilities		\$
14	Maintenance and Repairs		\$
15	Office and Accounting		\$
16	Legal Fees		\$
17	Exempt Royalties	(SCHEDULE 17)	\$
18	Fuel		\$
19	Transportation		\$
20	Miscellaneous Costs	(SCHEDULE 20)	\$
21	SubTotal	(See Footnote 3) (ADD LINES 6 THROUGH 20)	\$

FOOTNOTES:

1. **Miscellaneous Costs:** See Income Questionnaire Instructions.
2. **Costs not Allowed:** Interest Expense, Bank Charges, Depletion, Amortization, Corporate overhead or other costs not directly related to the operation of the mining property.
3. **Costs Calculated by the Property Tax Division:** Federal Income Tax, State Income Tax, Property Tax and Depreciation.
4. **Deductibles:** See Income Questionnaire Instructions.



**UTAH STATE TAX COMMISSION
PROPERTY TAX DIVISION
2009 CAPITALIZED NET REVENUE (CNR)
INCOME QUESTIONNAIRE SCHEDULES**

Taxpayer Name: _____ State Taxpayer No: _____

Unit Name: _____ Unit No: _____

County: _____

SCHEDULE 1: GROSS MINERAL SALES

MINERAL TYPE	UNITS SOLD	UNIT TYPE	VALUE / UNIT	AMOUNT RECEIVED
TOTAL GROSS MINERAL SALES (ENTER ON LINE 1)				\$

SCHEDULE 2: SELF-CONSUMED MINERALS - USING REPRESENTATIVE SALES

MINERAL TYPE	UNITS SOLD	UNIT TYPE	VALUE / UNIT	AMOUNT RECEIVED
TOTAL SELF-CONSUMED MINERALS SALES (ENTER ON LINE 2)				\$

SCHEDULE 5: OTHER INCOME (INCLUDES ALL ROYALTIES RECEIVED)

ROYALTY PAYOR AND ADDRESS	TELEPHONE NUMBER	AMOUNT RECEIVED
TOTAL OTHER INCOME (ENTER ON LINE 5)		\$

SCHEDULE 17: EXEMPT ROYALTIES (INCLUDES ALL ROYALTIES PAID)

ROYALTY PAYEE AND ADDRESS	TELEPHONE NUMBER	AMOUNT PAID
TOTAL EXEMPT ROYALTIES (ENTER ON LINE 17)		\$

SCHEDULE 20: MISCELLANEOUS COSTS

DESCRIPTION OF MISCELLANEOUS COSTS	AMOUNT PAID	
TOTAL MISCELLANEOUS COSTS: (ENTER ON LINE 20)		\$



Utah State Tax Commission
Property Tax Division
2009 RETURN FOR ASSESSMENT
ADDITIONS / DELETIONS OF LAND PARCELS

Taxpayer Name: _____

Taxpayer No: _____

County Name: _____

Tax Area No: _____

Property Description

Addition: Deletion:

Property Name: _____

Property No: _____

County Serial No: _____

Mining Claim Survey No: _____

Location : Township _____ Range _____ Section _____

Total Parcel Acreage: _____

Acreage Utilized for Mining: _____

IF PURCHASED OR SOLD:

Date Recorded By County: _____

County Book & Page or Entry No: _____

Purchase or Sale Price: _____

IF LEASED OR USED:

From Whom: To Whom:

Name: _____

Address: _____

Address: _____

Phone No: _____

Fax No: _____

Email Address: _____

Date of Lease: _____

Terms of Lease: _____

One Additions/Deletions parcel per page.

Include only land used for mining on January 1, 2009 or in the mine plan.



Utah State Tax Commission
Property Tax Division
2009 RETURN OF ASSESSMENT
CONSTRUCTION WORK IN PROGRESS (CWIP) DETAIL

Taxpayer Name:

Taxpayer Number:

Description of Project(s)	Expected Date of Completion	Cost as of Jan. 1, 2009	Location: Existing State-assigned Property Number or Description (PLSS, Township, Range, Section, QQ, etc.)

This schedule is considered as part of the Annual Return and is subject to the provisions mandated under Tax Commission Rule R884-24P-20 and Utah Code Ann. 59-2-201 and 59-2-301.



UTAH STATE TAX COMMISSION
PROPERTY TAX DIVISION
2009 RETURN OF ASSESSMENT
LEASED PERSONAL PROPERTY & IMPROVEMENTS

Please list all leased assets on your mine site.

TAXPAYER NAME:
PROPERTY NAME:
COUNTY:

STATE TAXPAYER NO:
TAX AREA:
PROPERTY NO:

Lessor Name, Address Telephone Number	Asset Description	Make	Model	Serial Number	Lease Number	Term of Lease Mths/Yrs	Lease payment per month	Lease Acquisition Date (Mo/Yr)	Original Cost of Equipment	Lessee Property Tax Liability Yes/No

Lessor Name, Address Telephone Number	Asset Description	Make	Model	Serial Number	Lease Number	Term of Lease Mths/Yrs	Lease payment per month	Lease Acquisition Date (Mo/Yr)	Original Cost of Equipment	Lessee Property Tax Liability Yes/No