

## **DECLARATION OF INTEREST IN LEASE**

## Assessment Date : January 1, 2022

In accordance with 24 NNC Sec. 211 (a) each owner must file a declaration of its interest in any lease on or before April 1st following each assessment date, except for business site leases, which are due May 15th following each assessment date. The Office of the Navajo Tax Commission (ONTC) may, by Form 245 or regulation, require additional information and documents, which it deems necessary for proper and efficient administration of the tax.

1. Taxpayer Federal TIN/SS/EIN # :					
2. Name of Taxpayer :					
3. Business Address :					
POB or Street		City		St. Zip	
E-mail:		Telepł	hone No. : (	)	
<ul> <li>4. a. Type of Operation Conducted on Lease : <ul> <li>Production of Oil, Gas, Hydrocarbons, Heliun</li> <li>Mining Lease (Coal, Sand, Gravel, Uranium, etc)</li> <li>Communication System (Cellular, Microwave, Pag Reseller, Telephone Provider of Service or Equipment or RE.</li> <li>BUSINESS SITE LEASE (Retail or non-Retail)</li> <li>RESIDENTIAL</li> </ul> </li> <li>4. b. Type of Land Operating on: (Circle one) <ul> <li>Tribal Trust or Tribal Fee</li> </ul></li></ul>	ging,	O Perm O Mult O Elect	ti-County Contracto	eline, Transmission, etc) ary, Emergency Op Agreement, etc) r (Construction, Drilling, etc) ion, Distribution, Transmission	n, REA)
	State	DLW	Allottment		
5. Name of Operator/Business :					
6. Lease/Permit No. : Well/Unit Name:	7. Your Pe WI	ercent Interest	in Lease/Well/Per OP	mit : OTHER	
8. a. Do You Own Interests In More Than One Lea If answer is yes, a separate Form 200 must be completed for a	•			ffective Date of assignment of i D/YYYY)	nterest:
<ol> <li>9. a. Are You Related To Any Other Lease Owner?</li> <li>9. b. Name and Address of RELATED OWNER:</li> <li>9. c. Name and Address of LESSOR (aka Base lease owner):</li> </ol>	Yes	No			
10. Physical Location of Lease (Township, Range,	Section) :				
State : County :	Agency	7:	Chapt	er:	
11. CHANGES TO THE STATUS OF LEASE: SOLD LEASE or INTEREST				)wner's Name & Address:	
) LEASE TRANSFERRED		ner Name/Busines		ity ST ZI	Р
) EXPIRED LEASE	New	New Owner's Telephone Number :			
O PENDING APPROVAL	New	New Owner's Email Address:			
<b>EMERGENCY OPERATING AGRMT.</b>	Date	Date Lease/Permit Expired :			
<b>REVOCABLE USE PERMIT</b>		Date Property Was Sold :			
<b>NON-PROFIT</b>	How	How Much Was Property or Interest Sold for (\$):			
OTHER:	_				
I declare that the information containe the best of my knowledge an					
X				/ /	
Taxpayer or Duly Authorized Agent Signature		Print or Type	Name	Date	