## **FORM 200**



## **DECLARATION OF INTEREST IN LEASE**

## Assessment Date : January 1, 2024

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: Telephone No. : ( )		
<ul> <li>4. a. Type of Operation Conducted on Lease : <ul> <li>Production of Oil, Gas, Hydrocarbons, Helium et</li> <li>Mining Lease (Coal, Sand, Gravel, Uranium, etc)</li> <li>Communication System (Cellular, Microwave, Paging, Reseller, Telephone Provider of Service or Equipment or REA)</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> <li>Private</li> </ul> </li> </ul>	<ul> <li>Permits (Revocable, Temporary, Em</li> <li>Multi-County Contractor (Const</li> <li>Electric Power (Generation, Di</li> <li>Other, specify :</li> </ul>	ergency Op Agreement, etc) truction, Drilling, etc)
5. Name of Operator/Business :		
6. Lease/Permit No. :       7. Your Percent Interest in Lease/Well/Permit :         Well/Unit Name:       VI       ORR       OP       OTHER         8. a. Do You Own Interests In More Than One Lease?       Yes       No       8. b. Effective Date of assignment of interest:         If answer is yes, a separate Form 200 must be completed for each lease, interest and/or permit.       (MM/DD/YYYY)		
9. a. Are You Related To Any Other Lease Owner? Yes No 9. b. Name and Address of RELATED OWNER: 9. c. Name and Address of LESSOR (aka Base lease owner):		
10. Physical Location of Lease (Township, Range, Sec State : County :	ction) : Agency: Chapter:	
	IF SOLD OR TRANSFERRED, New Owner's Name & Address:          Owner Name/Business Name       City       ST       ZIP         New Owner's Telephone Number :	
X Taxpayer or Duly Authorized Agent Signature	Print or Type Name	/ _/ 