



Resource Indemnity Trust Tax Coal Producers

Name _____
 Address _____
 Address _____
 City, ST Zip _____

For Dept. Use Only	1. FEIN:	2. Account ID:		
	3. Period: Due:	4. If this is an amended return, check here. <input type="checkbox"/>		
	5. If you are no longer in business and want your account cancelled, check box and enter final date. <input type="checkbox"/> _____	6. If your address has changed, check the box and print new address below: <input type="checkbox"/> _____ _____		
7. Mine Operator:		8. Mine Name:		
9. County:	Section:	Township:	Range:	
Production:				
10.	Total number of tons produced.....			
11.	FOB mine gross revenue.....			
12.	Deductions:			
	a) Black Lung Tax.....			\$
	b) Federal Reclamation Tax.....			\$
	c) Resource Indemnity Trust Tax.....			\$
	d) Coal Severance Tax.....			\$
	e) Coal Gross Proceeds Tax.....			\$
	f) Royalty Deduction.....			\$
13.	Total deductions (add lines 12a through 12f).....			\$
Calculation of Resource Indemnity Trust Tax:				
14.	Contract Sales Price (line 11 – line 13).....			\$
15.	Tax (line 14 X .004 with a minimum tax of \$25).....			\$
16.	Penalties.....			\$
17.	Interest.....			\$
18.	Total Amount Due (add lines 15, 16, and 17).....			\$

I hereby swear or affirm under penalty of perjury that the statements contained herein are true to the best of my knowledge.

Signature _____

Title _____ Phone _____ Date _____

Resource Indemnity Trust Tax
Coal Producers
(form RIT-4)

Account Information:

- Line 3: This Report is due on or before the 60th day following the end of the calendar year.
Line 4: If you are filing an amended return, this box must be checked.
Line 5: If you are no longer in business, enter your final day of business here.
Line 6: If your mailing address has changed, check the box and provide your new address in the space provided.
Line 7: Enter the mine operator.
Line 8: Enter your mine name.
Line 9: Enter the county where the mine is located and the legal description.

Production:

- Line 10: Enter the total tons produced and sold for the year.
Line 11: Enter the total amount of FOB mine revenue associated with the tons reported on line 10.
Line 12: Enter the appropriate amount of coal production taxes charged to pay taxes for the year for lines 12(a-e) and the amount of exempt royalties allowed per MCA 15-35-102(5) for the year on line 12(f).
Line 13: Add the amounts on lines 12(a-f).

Calculation of Resource Indemnity Trust Tax:

- Line 14: Enter Contract Sales Price by subtracting line 13 total deductions from line 11.
Line 15: Tax Due: multiply line 14 by .004 (.4%), with a minimum tax of \$25.00.
Line 16: If payment is delinquent you are subject to penalty of 1.5% per month, not to exceed 18% of the tax due, for tax periods beginning on or before December 31, 2006. For tax periods beginning after December 31, 2006, the late payment penalty continues to accrue at 1.2% a month but cannot exceed 12% of the tax due. In addition, a late filing penalty of \$50 or the amount of the tax due, whichever is less, also applies if the return is filed late. Enter the penalties line 16.
Line 17: If payment is delinquent you are subject to interest of 12% per year, calculated daily, from the original due date of this report until paid. Enter the interest on line 17.
Line 18: Total Amount Due add lines 15, 16, and 17. This should be the amount submitted with this return. Please reference your Account ID from line 2 of the return on the memo line of your check.

Sign the return and provide the title and phone number (where the person signing this return can be reached during business hours).

Please call (406) 444-6900 if you have any questions regarding the completion of this return.



Resource Indemnity Trust Tax
Coal Producers

(RIT-4)

Payment Instructions

Attention: Montana Department of Revenue Cashier

Complete the payment coupon below to ensure proper credit of your payment. If you are paying taxes for multiple periods, submit a separate check or money order and a separate coupon for each period. On the memo line of your check, please note your FEIN or account ID and the reporting period for which the payment applies.

Boxes 1 and 2 - Print an "X" in one box only for the type of payment you are remitting:

Check box 1, if your payment is for an original return for any period.

Check box 2, if your payment is for an amended return.

Box 3 - Enter the reporting period for which this payment applies.

Box 4 - Enter your federal employer identification number (FEIN).

Box 5 - Enter the amount you are remitting. (This amount should be the same amount as reported on line 18 of your return).

Name: _____

Address: _____

City, ST, Zip Code _____

Phone _____

Mail this entire form with your check or money order and return to:

Department of Revenue
PO Box 5805
Helena, MT 59604-5805

Questions? Call (406) 444-6900

Make checks payable to the Department of Revenue

Montana Resource Indemnity Trust Tax
Coal Producers
Payment Form

1. Original return

2. Amended return

month day year

3. Period Ending [/ /]

4. Federal Employer Identification Number (FEIN) [-]

5. Amount Paid []