

# APPLICATION TO REGISTER FOR ROYALTY WITHHOLDING

NORTH DAKOTA OFFICE OF STATE TAX COMMISSIONER  
SFN 60487 (10-2013)



## Application Purpose

- New Registration  
 Change in Third-Party Preparer/Payer  
 Change - Other \_\_\_\_\_

FOR OFFICE USE ONLY

Royalty W/H \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Section 1 - Remitter Information

Taxpayer Legal Name		Federal Employer Identification Number	
Doing Business As Name (if different from above)		Business Telephone Number	
Mailing Address	City	State	ZIP Code
Beginning date of North Dakota Royalty Withholding (MM/DD/YY)			
Organization Type <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> General Partnership <input type="checkbox"/> LLC <input type="checkbox"/> S Corporation <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> LLP <input type="checkbox"/> Other _____			

## Section 2 - Request to Forego Withholding on Small Dollar Amounts

Do you wish to be exempt from withholding on royalty payments that do not exceed \$600 per quarter or \$1,000 if annualized?  
 Yes     No    \* See Royalty Withholding Guideline for details

## Section 3 - Return Preparer/Accounting Service Provider

Name of Return Preparer/Accounting Service Provider	Contact Person
Mailing Address	Telephone Number for Contact Person
City, State and ZIP Code	E-Mail Address for Contact Person

If paying royalty withholding using ACH credit option or using a third-party Accounting Service Provider, see disclosure below:  
By signing below, I understand I have applied for permission to file royalty withholding tax returns and remit payment electronically via an ACH credit transaction I must initiate through my bank. I have contacted my bank and confirmed the bank can initiate ACH credit transactions that meet the State's requirements. I understand the ACH credit transaction must be in the NACHA standards format using the TXP convention to facilitate the proper posting of the credit, and agree to follow the guidelines set forth in the Income Tax Withholding from Oil and Gas Royalty Payments Guideline. I also understand by completing the Return Preparer/Accounting Service Provider Section, I have designated the Accounting Service Provider to act as my authorized representative in matters related to the filing of my royalty withholding tax returns with the State, including the disclosure of confidential royalty withholding tax information on file with the State. Once I have been approved to file electronically using an ACH credit, I will not receive a paper return from the State, and will be required to file and pay using the ACH credit method for each tax period. This authorization to participate is in effect until it is terminated by either party.

## Section 4 - Taxpayer Signature

This application must be signed by authorized individual  
*I declare under the penalties of North Dakota Century Code ch. 12.1-11-02, which provides for a Class A misdemeanor for making a false statement in a governmental matter, that this application, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct and complete application.*

Print Name	Title	Telephone number
Signature (authorized individual)		Date

### PRIVACY ACT NOTIFICATION

In compliance with the Privacy Act of 1974, disclosure of a social security number or Federal Employer Identification Number (FEIN) on this form is required under N.D.C.C. §§ 57-01-15 and 57-38-60, and will be used for tax reporting, identification, and administration of North Dakota tax laws. Disclosure is mandatory. Failure to provide the social security number or FEIN may delay or prevent the processing of this form.

Send completed form to:

Fax: 701.328.0332  
E-mail: taxregistration@nd.gov

Office of State Tax Commissioner  
Business Registration  
600 E. Boulevard Ave., Dept. 127  
Bismarck, ND 58505-0599  
Phone: 701.328.1241