

OIL AND GAS TAX PAYMENT VOUCHER
North Dakota Office of State Tax Commissioner



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Name:

Federal ID:

Period Ending: (Year/Month)

Form Type: (Check One)

- T12O = Original Oil Report
- T12A = Amended Oil Report
- T13O = Original Gas Report
- T13A = Amended Gas Report
- ASMT = Underpayment Billing Notice or Audit Assessment

Payment Amount:

(For Office Use Only)
Postmark Date: (mm / dd / yyyy)

PLEASE DO NOT WRITE IN THIS SPACE