



| | | | |
|---|---------|---|--|
| Taxpayer Name (must agree to mining license application) | | Mining License Number | |
| <input type="checkbox"/> FEIN | DOR ID# | If fiscal year filer, enter year end | |
| <input type="checkbox"/> SSN | | Month _____ | Day _____ |
| Business Name (dba) | | Telephone Number | |
| Mailing Address <input type="checkbox"/> Check if new address | | Return Information (check all that apply) | |
| City | State | Zip Code | <input type="checkbox"/> First Return <input type="checkbox"/> Amended Return (attach explanation) |
| Email Address | | <input type="checkbox"/> Final Return | |
| Contact Person | Title | Contact Telephone Number | |

This form can only be used if taxpayer has only one mining operation and no non-mining expenses. Otherwise, use Form 662 (Long Form).

INCOME

| | | | |
|---|---|---|--|
| 1 | Gross income from mining operation | 1 | |
| 2 | Royalties received (from Schedule C, line 2) | 2 | |
| 3 | Total income from mining operation (add line 1 and 2) | 3 | |

EXPENSES (no deduction, except depletion is allowed against royalty income on line 2)

| | | | |
|----|--|----|--|
| 4 | Royalties paid (Schedule B, line 3) | 4 | |
| 5 | Fuel and oil | 5 | |
| 6 | Maintenance and repairs | 6 | |
| 7 | Salaries and wages | 7 | |
| 8 | Transportation costs | 8 | |
| 9 | Depreciation expense | 9 | |
| 10 | Other expenses (attach schedule) | 10 | |
| 11 | Total expenses (add lines 4 through 10) | 11 | |
| 12 | Net income before depletion (subtract line 11 from line 3) | 12 | |
| 13 | Depletion expense (Schedule A, line 16) | 13 | |
| 14 | Taxable Income before exemption for new mining operation (subtract line 13 from line 12) | 14 | |
| 15 | Exemption for new mining operation (see instructions) | 15 | |
| 16 | Net taxable income (subtract line 15 from line 14) | 16 | |
| 17 | Tax (see instructions) | 17 | |
| 18 | Exploration incentive credit (attach Form 665) | 18 | |
| 19 | Mining business education credit (line 6 of Schedule EC, can be found on Form 662) | 19 | |
| 20 | Tax before other credits (subtract lines 18 and 19 from line 17) | 20 | |
| 21 | Film production tax credit (cannot exceed line 20, attach certificate or explanation of carry forward) | 21 | |
| 22 | Amount paid with extension | 22 | |
| 23 | Amended returns only. Amount paid with original return | 23 | |
| 24 | Net tax due or (overpayment) (subtract lines 21, 22, and 23 from line 20) | 24 | |

FEIN
 SSN

Taxpayer Name

662SF

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SCHEDULE A – Depletion - COST DEPLETION CALCULATION

| | | | |
|---|--|---|--|
| 1 | Cost or basis of mining property (less residual value) | 1 | |
| 2 | Estimated recoverable units at beginning of tax year (include units previously produced, but not sold) | 2 | |
| 3 | Unit cost (divide line 1 by line 2) | 3 | |
| 4 | Number of units sold this tax period | 4 | |
| 5 | Cost depletion deduction (multiply line 3 by line 4) | 5 | |

PERCENTAGE DEPLETION CALCULATION

| | | | |
|----|---|----|--|
| 6 | Total income from mining operation (page 1, line 3) | 6 | |
| 7 | Royalties paid (Schedule B, line 3) | 7 | |
| 8 | Depletion base (line 6 minus line 7) | 8 | |
| 9 | Applicable depletion percentage (see instructions) | 9 | |
| 10 | Percentage depletion (multiply line 8 by line 9) | 10 | |
| 11 | Total income from mining operation (page 1, line 3) | 11 | |
| 12 | Total expenses (page 1, line 11) | 12 | |
| 13 | Net income before depletion (line 11 minus line 12) | 13 | |
| 14 | Limitation (multiply line 13 by 50%) | 14 | |
| 15 | Line 10 or line 14, whichever is less | 15 | |
| 16 | Depletion deduction (enter line 5 or 15, whichever is greater, here and on page 1, line 13) | 16 | |

SCHEDULE B - Royalties Paid (see instructions)

| Name and Address of each Lessor | | | | Amount Paid |
|---------------------------------|--|-------|----------|-------------|
| 1 | Federal ID <input type="checkbox"/> FEIN <input type="checkbox"/> SSN | | | \$ |
| | Name | | | |
| | Mailing Address | | | |
| | City | State | Zip Code | |
| 2 | Federal ID <input type="checkbox"/> FEIN <input type="checkbox"/> SSN | | | \$ |
| | Name | | | |
| | Mailing Address | | | |
| | City | State | Zip Code | |
| 3 | Total royalties paid. Add amounts paid and enter here and on page 1, line 4. | | | \$ |

SCHEDULE C - Royalties Received (see instructions and attach additional sheets as necessary)

| Name and Address of each Lessee | | | | Amount Received |
|---------------------------------|--|-------|----------|-----------------|
| 1 | Federal ID <input type="checkbox"/> FEIN <input type="checkbox"/> SSN | | | \$ |
| | Name | | | |
| | Mailing Address | | | |
| | City | State | Zip Code | |
| 2 | Total royalties received. Add amounts received and enter here and on page 1, line 2. | | | \$ |

I declare under penalty of perjury that this return, including all accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return.

| | | |
|-----------|------------------------|------|
| Signature | Printed Name and Title | Date |
|-----------|------------------------|------|

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