



**ALABAMA DEPARTMENT OF REVENUE**  
**SALES, USE & BUSINESS TAX DIVISION**  
**SEVERANCE & LICENSE SECTION**

• P. O. Box 327560 • Montgomery, AL 36132-7560 • (334) 242-9612

# Oil & Gas Severance Tax Registration

§40-20-4, Code of Alabama 1975, as amended

**PLEASE TYPE OR PRINT LEGIBLY. ANSWER ALL QUESTIONS APPLICABLE TO YOUR BUSINESS.**

**FOR DEPARTMENT USE ONLY**

1. APPLICANT	2. TRADE NAME (D/B/A)
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3. MAILING ADDRESS (Street, Route, or P.O. Box)		
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4. CITY	STATE	ZIP CODE
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5. BUSINESS PHONE (      )	6. FEDERAL I.D. NUMBER
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7. TYPE OF ORGANIZATION  
 Individual    Partnership    Corporation (If Corporation, a copy of certificate of incorporation must be attached)    Other \_\_\_\_\_

8. TYPE OF OPERATION  
 Producer    Well Operator    Plant Operator    Purchaser

9. REASON FOR REGISTRATION  
 Change of Ownership    New Business    Change in Business Structure    Other, Explain: \_\_\_\_\_

10. DATE BUSINESS IS TO BEGIN IN ALABAMA	11. NAME OF FORMER OWNER OF BUSINESS
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12. LIST OWNER(S), PARTNERS, OR CORPORATE OFFICERS (Attach additional sheets if more space is required)

NAME 1	TITLE	SOCIAL SECURITY NUMBER
HOME ADDRESS	CITY	STATE      ZIP CODE
NAME 2	TITLE	SOCIAL SECURITY NUMBER
HOME ADDRESS	CITY	STATE      ZIP CODE
NAME 3	TITLE	SOCIAL SECURITY NUMBER
HOME ADDRESS	CITY	STATE      ZIP CODE

13. SIGNATURE(S) OF OWNER, ALL PARTNERS, OR CORPORATE OFFICER IS REQUIRED

NAME 1	TITLE	DATE
NAME 2	TITLE	DATE
NAME 3	TITLE	DATE

**MAIL COMPLETED FORM TO ADDRESS ABOVE.**