

NEW MEXICO TAXATION AND REVENUE DEPARTMENT
P.O. Box 2308 ❖ Santa Fe, NM 87504-2308 ❖ (505) 827-1087

**APPLICATION FOR TAX REFUND - OIL AND GAS
(FORM RPD-41136)**

- This form is to be used when applying for a tax refund from the Taxation and Revenue Department.
- Attach a letter of explanation if the space provided for basis for refund is insufficient.
- Attach copies of documents that support your claim.
- The Taxation and Revenue Department has the right to offset all or part of this overpayment against **any** outstanding assessments you may owe.
- The Taxation and Revenue Department, in the appropriate circumstances has the right to grant all or part of this overpayment as a credit against any future tax liabilities you may owe.
- This form must be signed by the taxpayer or the taxpayer's authorized agent.
- Attach completed copies of RPD-41131 Oil & Gas Taxes Summary Report and RPD-41132 Oil & Gas Taxes Detail Report amending appropriate taxes previously paid.

Company Name	New Mexico OGRID Identification Number
Mailing Address	
City, state, zip code	

I certify that the State of New Mexico was overpaid the sum of _____ dollars
(\$ _____)

for the sales month(s) of _____ for the following type of taxes (check one):

- Oil and Gas Production Taxes (Severance, Conservation, School and Ad Valorem)
- Oil and Gas Production Equipment Ad Valorem Tax
- Natural Gas Processors Tax
- Advance Payment for Year(s) _____

Basis for refund: _____

I declare that the information reported on this form and any attached supplements is true and correct as to every material matter.		
Type or print name	Title	Phone Number ()
Signature of taxpayer or agent	Date	

FOR DEPARTMENT USE ONLY

I have analyzed the records of the Taxation and Revenue Department on _____, Yr _____, and have verified the amount of tax overpayment and hereby certify that a tax refund is due as claimed and is in order to issue in accordance with Section 7-1-26 NMSA 1978. The amount of overpayment is for the following taxes:

TAX PROGRAM	AMOUNT
1.	\$
2.	
3.	
4.	
Total interest due on refund	
Total amount to be refunded	\$

Claim Number
Serial Number (if over \$5,000)
Warrant Number

Analysis of reason for overpayment: _____

Valid Overpayment: YES NO Need additional information Credit amount \$ _____
 Amended Returns on File: YES NO N / A Credit Key _____
 Date Requested _____

Documents supporting this refund are on file:	
I recommend refund:	
Initiated by	
Section Supervisor	Date
Bureau Chief	Date

GENERAL APPROVAL

Secretary or Delegate