Do Not Include This Page



## Instructions For Handwritten Forms

## Guidelines



Do not use red ink. Use blue or black ink.



Do not use dollar signs, commas, or other punctuation marks.



Printing



Set page scaling to "none." The Auto-Rotate and Center checkbox should be unchecked.

1	

Do not select "print on both sides of paper."



Before Sending



Do not submit photocopies of returns. Submit originals only.







DOR Use Only

File with B-I-100

Legal Name (First 30 Characters) (USE CAPITAL LETTERS FOR YOUR NAME)	FEIN or SSN	Account Number	Month	Year

	(1) Name of Lease	(2) Name and Address of First Purchaser (or attach repo	orts)	(3) Gross Receipts - Marginal Gas Rate Wells	(4) Gross Receipts - Gas Rate Wells
$\vdash$					
$\vdash$					
$\vdash$					
	5. Total gross receipts from the sale of natural gas (Total Columns 3 and 4 separately. Attach copies of invoices or equivalent information)		5.		
	6. Total actual costs to deliver the natural gas to market (See instructions - Attach copies of invoices or equivalent information)		6.		
7.	7. Exemption amount for on-site use (maximum of \$1,200 per year) (See instructions - Attach copies of invoices or equivalent information)		7.		
8.	8. Total market value of delivered natural gas (Subtract Lines 6 and 7 from Line 5 for Columns 3 and 4, but not less than zero.)		8.		
9.	<b>Severance tax due on natural gas</b> (Multiply Line 8, Columns 3 and 4 b	s produced y the applicable rate - see instructions.)	9.		
10.	Total market value of delivered na (Add Line 9, Columns 3 and 4. Ent	atural gas er the combined total here and on Form B-I-100, Line 1)	10.		

MAIL TO: North Carolina Department of Revenue ExciseTax Division Post Office Box 25000 Raleigh, North Carolina 27640-0950

## QUESTIONS:

Contact the Excise Tax Division at:Telephone Number(919) 707-7500Toll Free Number(877) 308-9092Fax Number(919) 250-7898