Form RWT-941 - Royalty Withholding Return
North Dakota Office of State Tax Commissioner
SFN 28261 (7-2018)

(A) ☑ Check this box if this is an amended return.

Account Number
9999999999999RWT
Due Date
MM/DD/YYYY

Period Ending
MM/DD/YYYY

Taxpayer Name
XXXXXXXXXXXXXXXXXXXXXXXX
Address1
XXXXXXXXXXXXXXXXXXXXXXXX
Address2
XXXXXXXXXXXXXXXXXXXXXXXX
City State Zip
XXXXXXXXXXXXXXXX

☑ Check this box if your address has changed.

PART I

1. Total North Dakota royalty withholding this period. 999999999999.99

   1a. North Dakota withholding originally reported (Amended return only) 999999999999.99

2. Total Tax Due/or (Refund) 999999999999.99

3. Penalty 999999.99 Interest 999999.99 Enter Total 999999999999.99

4. Total due with return (add lines 2 & 3) Make check payable to North Dakota Tax Commissioner 999999999999.99

PART II

☑ I authorize the North Dakota Office of State Tax Commissioner to discuss this return with the contact person listed below.

Taxpayer Signature
Title
Date

Contact Person (Please Print or Type) Contact Phone Number

I declare that this return has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return.

Form RWT-941 - Royalty Withholding Tax Payment Voucher
North Dakota Office of State Tax Commissioner

Taxpayer Name
XXXXXXXXXXXXXXXXXXXXXXXX
Address1
XXXXXXXXXXXXXXXXXXXXXXXX
Address2
XXXXXXXXXXXXXXXXXXXXXXXX
City State Zip
XXXXXXXXXXXXXXXX

9999999999999RWT

MM/DD/YYYY

99999999999999

Mail to: Office of State Tax Commissioner
PO Box 5624, Bismarck, ND 58506-5624
Form RWT-941 - Royalty Withholding Return
North Dakota Office of State Tax Commissioner
SFN 28261 (7-2018)

(A) ☐ Check this box if this is an amended return.

<table>
<thead>
<tr>
<th>Account Number</th>
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(C) ☐ Check this box if you have been assigned a new federal ID #. Enter your new ID # here:

☐ Check this box if your address has changed.

PART I

1. Total North Dakota royalty withholding this period: ______________________________________
   1a. North Dakota withholding originally reported (Amended return only): ________________

2. Total Tax Due/or (Refund): __________________________________________________________

3. Penalty __________  Interest __________  Enter Total: ________________________________

4. Total due with return (add lines 2 & 3): ____________________________________________
   Make check payable to North Dakota Tax Commissioner

PART II

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North Dakota Office of State Tax Commissioner

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PO Box 5624, Bismarck, ND 58506-5624