USEITI
The United States Extractive Industries Transparency Initiative

Reporting Template - DRAFT

General Information
(Box 1)

Corporate Entity Name	
Entity Type	
Period for Reporting	1/1/2015 - 12/31/2015

Reported Payments
(Box 2)

Government Payee	Revenue Streams	Reference to Reporting Guidelines	Amount Paid (USD $)
ONRR			
	Royalties	**Table C-1**	
	Rents	**Table C-2**	
	Bonuses	**Table C-3**	
	Other Revenues	**Table C-4**	
	Offshore Inspection Fees	**Table C-5**	
	Civil Penalties	**Table C-6**	
BLM			
	Bonus and First Year Rentals	**Table C-7**	
	Permit Fees	**Table C-8**	
	Renewables	**Table C-9**	
OSMRE			
	AML Fees including Audits and Late Charges	**Table C-10**	
	Civil Penalties including Late Charges	**Table C-11**	
IRS			
	Corporate Tax Payments to Internal Revenue Service (IRS)	**Table C-12**	

Voluntary Disclosure
(Box 3)

Voluntary Disclosure - All summary information provided on the reporting template shall be treated as public information. No detail information, if provided, shall be disclosed to any third party other than ONRR without the reporting entity's written consent, unless disclosure is required by law.

Tax Payment Reconciliation
(Box 4)

We are willing to participate in reconciliation of our corporate tax payments. (please indicate Yes, No, or N/A)

Yes **No** **N/A**

Additional Supporting Information
(Box 5)

We have attached further information to assist you in reconciling the payments made to the records of the relevant government agencies (please indicate Yes or No)

Yes **No**

Company Contact Information
(Box 6)

Please provide contact information for someone within your company who we can contact with follow-up questions about the information you have provided. You can provide more than one name.

Name: _____ **Phone Number:** _____

Title/Position: _____ **Email Address:** _____

Management Sign Off
(Box 7)

I acknowledge for and on behalf of the companies listed that the completed reporting form is a complete and accurate record to the best of my knowledge.

Name: _____ **Signature:** _____

Title/Position: _____ **Date:** _____