DR 0021SE (07/11/24)

COLORADO DEPARTMENT OF REVENUE

Denver CO 80261-0008

Tax. Colorado.gov

Instructions Extension of Time for Filing Colorado Oil Shale Severance Tax Return

Colorado severance tax returns are due on or before the 15th day of the fourth month following the end of the taxable year.

An automatic six-month extension of time for filing the Colorado severance tax return is allowed for all taxpayers. However, an extension of time to file is not an extension of time to pay the tax. If at least 90% of the net tax liability is not paid by the original due date of the return, penalty and interest will be assessed. If 90% or more of the net tax liability is paid by the original due date of the return and the balance is paid when the return is filed by the last day of the extension period, only interest will be assessed.

Use the DR 0021SE to make a payment that must be made by the original due date of the return to meet the 90% requirement.

If after the original due date of the return it is found that the amount paid is insufficient to meet the 90% requirement, additional payment should be made as soon as possible to reduce accumulation of penalty and interest. Make such payment on the DR 0021SE.

Submit the DR 0021SE with payment to:

Colorado Department of Revenue Denver, CO 80261-0008



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Page 1 of 1

(7042)

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Round all amounts to the near	est dollar						
Tentative amount of tax for the taxable year						\$	00
2. Less estimated tax payments							0.0
3. Balance to be remitted with this request for extension, line 1 minus line 2. Enter						\$	
amount of payment below. Claim credit for this payment on line 12 of DR 0020E						\$	00
	If no payment is o	due, do	not file the	DR 0021SE		•	
For tax period beginning: (MM/DD/YY)			Ending: (MM/DD/YY)				
Return this form with check or m 0008. Write your Social Security "DR 0021SE" on your check or n this form.	Number, Colorado Adnoney order. Do not s	count N	Number or Fe	ederal Emplo out do not s	oyment Ider taple or atta	ntification Nun ch your paym	nber and
Last Name or Business Name	First Name	First Name		Middle Initial	Colorado Account Number		
Address	'						
City			State	ZIP			
FEIN	Foreign Country	Foreign Country					
The State may convert your check to a one time e check will not be returned. If your check is rejected electronically.							
				Am	ount Owed	\$	0.0