DR 0021X (06/05/25)

COLORADO DEPARTMENT OF REVENUE

Denver CO 80261-0006

Tax. Colorado.gov

2025 Amended Colorado Oil and Gas Severance Tax Return

Instructions

The Amended Colorado Oil and Gas Severance Tax Return (DR 0021X) is required to be used when correcting your Colorado Oil and Gas Severance Tax Return (DR 0021).

Statute of Limitations

The statute of limitations for filing a Colorado severance tax claim for refund is generally three years from the due date of the original return or three years from the date of last tax payment for the year involved, whichever is later.

Refund for Deceased Taxpayer

To request a refund for a deceased taxpayer, write "deceased" across the top of the return and the date of death next to the deceased person's name. Additionally, you must sign the return and write "filling as surviving spouse" or "filling as legal representative" by your signature.

Any person other than the surviving spouse who files a return and requires a refund on behalf of a deceased person must include a copy of the death certificate and the DR 0102, Claim for Refund for Deceased Taxpayer.

Colorado Account Number

For business accounts, enter your Colorado account number and your Federal Employer Identification Number (FEIN) in the spaces provided.

Lines 11 through 17

Compute the amount owed to the state on the amended return. Any decrease in the amount of the overpayment (line 11) or increase in the amount owed (line 12) will indicate that an amount is owed with the amended return. To pay the amount you owe, write your Colorado account number or Federal Employer Identification Number (FEIN) on your check. Enclose but do not attach your payment with DR 0021X.

Lines 18 through 21

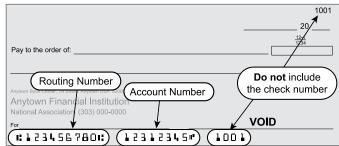
Compute the amount of credit available on the amended return. Any increase in the amount of the overpayment (line 18) or decrease in the amount owed (line 19) will indicate that an overpayment is available with the amended return. The overpayment can be credited to estimated tax (line 21) for the tax year following the period on the amended return, or can be requested as a refund (line 20).

Direct Deposit

The department can deposit your refund directly into your account at a U.S. bank or other financial institution (such as a mutual fund, brokerage firm, or credit union) in the United States.

How do I use Direct Deposit?

The **routing number** must be nine digits. The **account number** can be up to 17 characters (both numbers and letters). Include hyphens but omit spaces and special symbols.





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You should contact your financial institution to ensure your deposit will be accepted and to obtain the correct routing and account numbers. This is especially important if you want your refund deposited to a savings account at a credit union. The Department of Revenue is not responsible for a lost refund if you enter the wrong account information. Any refund claim that, for any reason, cannot be deposited into the account specified will be issued and mailed in check form instead.

Interest

If the return is amended after the original due date of the return, interest at the applicable statutory rate will accrue on any balance of tax due until paid. Interest rates are published on our web site at *Tax.Colorado.gov*

Penalty

The penalty on any balance of tax due is \$30 or 30% of the balance of tax due, whichever is greater.

Reason for amended return

Include an explanation and any documentation, including schedule DR 0021D, and DR 0021PD, if applicable, needed to substantiate the changes reported on the amended return.

Forms and Information

If you have any questions you may call the Department of Revenue at (303) 238-SERV (7378) or see our web site at *Tax.Colorado.gov* for forms and information.



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2025 Amended Colorado Oil and Gas Severance Tax Return (7102)

For Taxable Year (2025)		Fiscal Tax Year Beginning (MM/25)			Fiscal Tax Year Ending (MM/YY)		
2025							
Last Name or Business Name			First Name				Middle Initial
	SSN or ITIN		Colorado Aco	count Nu	ımber (if appli	cable)	
Deceased Yes							
If Joint, Spouse or Partner Last N	Name (see contr	olled group definition)	First Name				Middle Initial
	SSN or ITIN		FEIN (if app	licable)			
Deceased Yes							
Address							
Foreign Country		City		State	ZIP	Phone Nu	ımber
If this is a final return, chec	k this box •	Are you a pro	oducer of Colora	ido Oil	or Gas?	• Yes	• No
Check one: • Ca	ash Basis File	er • Accru	ual Basis Filer				
Tax and Credit - Complete so	chedule DR 0021	D first. Include the DR 0021D	with this form when	you file	Rou	ind to the nearest	dollar
1. Oil and gas tax, enter a	amount from	line 5, DR 0021D		• 1			00
2. Line reserved for future	e use.			• 2			
3. Net tax, equal to line 1 but not less than zero				3			00
		Prepayn	nents		<u> </u>		
4. Severance tax withhele	d, include for	m(s) DR 0021W		• 4			00
5. Estimated tax and extension payments				• 5			00
6. Total Prepayments, sum of lines 4 and 5				6			00
Stop Stop here to let the cyourself and continu	department c	alculate your refund or	balance due. C		se, manua	lly complete the	
7. If line 6 is larger than li	ine 3, enter y	our overpayment		• 7			00
8. Enter the overpayment from your original return or as previously				• 8			00
9. If line 3 is larger than line 6, enter the amount owed				• 9			00
10. Enter the amount owed	from your orig	ginal return or as previo	usly adjusted	• 10			00



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Compute the ar	mount you owe		
11. Line 8 minus line 7, but not less than zero	11		00
12. Line 9 minus line 10, but not less than zero		00	
13. Additional tax due, total of lines 11 and 12	13		00
14. Interest due on additional tax	• 14		00
15. Penalty due	● 15		00
16. Estimated tax penalty due	• 16		00
17. Payment due with this return, sum of lines 13 through 16	Paid Electronically • 17	5	·
The State may convert your check to a one time electronic banking transaction. Your bank accound be returned. If your check is rejected due to insufficient or uncollected funds, the Department	unt may be debited as early as the sam	e day received by the State. If	
Compute y	our refund		
18. Line 7 minus line 8 but not less than zero		00	
19. Line 10 minus line 9, but not less than zero	19		00
20. Refund claimed with this return, sum of lines 18 and 19	• 20		00
21. Overpayment credited to next year's estimated tax (Do not include this amount on line 20)	• 21		00
Direct Routing Number Deposit Account Number	Type: C	hecking Savin	gs
Deposit Account Number			
Reason for Amendment			
Last Name of person preparing return	First Name		Middle Initial
Address of person preparing return	Phone Num	ber	
City		State	ZIP
Under penalty of perjury in the second degree, I declare that knowledge and belief, it is true, correct and complete.	I have examined this ret	urn and to the best	of my
Signature of Individual Taxpayer	Date (MM/DD/YY)		
Spouse's Signature		Date (MM/DD/YY)	
Signature of Corporate Officer	Date (MM/DD/YY)		
Mail to and make checks payable to: Colorado	Department of Revenue	Denver, CO 80261	1-0006