

**OKLAHOMA TAX COMMISSION  
AD VALOREM DIVISION  
P. O. BOX 53248  
Oklahoma City, OK 73152-3248**

FLUID

In accordance with the provisions of Article 28 of Title 68, Oklahoma Statutes, 2001, as amended, and especially Section 2808 and Sections 2847 through 2884 inclusive, you are hereby required to furnish, under oath, to the Oklahoma Tax Commission by **April 15, 2008**, a Schedule of Assets and Liabilities of your company as of the first day of January, 2008, in all states. Furnish a detailed System Earnings Statement for the year ending December 31, 2007 and other years as called for herein, book value information as of the first day of January, 2008 your company's capital structure and actual (embedded) interest costs on debt and actual preferred stock dividends, and schedules and lists of all taxable property in Oklahoma as of January 1, 2008, showing the amount and value in each county, municipality and school district, and any information required by law or requested by the Oklahoma Tax Commission.

Note especially the mandatory penalty provisions of Section 2857 and the provisions for a fifteen-day extension to **April 30th** upon written request showing good cause.

**A F F I D A V I T**

State of \_\_\_\_\_

County of \_\_\_\_\_

I, \_\_\_\_\_, being first duly sworn, according to law, depose and say: that I am the \_\_\_\_\_ of \_\_\_\_\_ Company; that as such, I am acquainted with the books, records, accounts, and affairs of said Company, and know the accompanying statements, as shown by the Exhibits, Schedules, and Property Listings enclosed to be true, correct and complete, as reflected by the records and books of account of the Company; and that all information requested herein has been fully and correctly given.

Signature

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 2008.

Notary Public

S E A L

My Commission expires \_\_\_\_\_ .

## ORGANIZATION

1. Exact legal name by which respondent was known at close of year:  
 \_\_\_\_\_ F. E. I. No. \_\_\_\_\_
  
2. Contact name, title, telephone number and address of principal business office of respondent at close of year:  
 Contact Name \_\_\_\_\_ Title \_\_\_\_\_  
 Principle business office main telephone number with area code \_\_\_\_\_  
 Number & Street \_\_\_\_\_  
 City, State & Zip Code \_\_\_\_\_
  
3. Date of Formation: \_\_\_\_\_
  
4. Where: \_\_\_\_\_
  
5. State whether respondent is a proprietorship, partnership, subchapter S corporation, association, cooperative, trust, mutual, subsidiary, or parent company: \_\_\_\_\_  
 a. If subsidiary, provide name of parent company: \_\_\_\_\_
  
6. Does the company operate in other States besides Oklahoma? \_\_\_\_\_ How many? \_\_\_\_\_
  
7. State the exact nature of the business in which respondent is engaged; list activities, services rendered, products sold, etc.
  
8. Name, title, mailing address and telephone number of person to whom the Annual Report forms, the notice of value indicators, fair cash value, and the property tax statement should be sent:  
 Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Area Code: \_\_\_\_\_ Tele. \_\_\_\_\_ Fax: \_\_\_\_\_
  
9. Description of present system with analysis of immediate future:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
10. Report details of any change of ownership, including mergers or acquisitions that occurred during the year for which this report is made. Include dates, consideration, terms and all pertinent data. Give details of effect on Oklahoma property by counties affected.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## ORGANIZATION

(Continued)

11. Is this a regulated company? (Yes / No) \_\_\_\_\_ .

12. Most recent rate case if regulated:

Date approved: \_\_\_\_\_ By: \_\_\_\_\_ (Regulator)

Allowed rate of return on investment after depreciation: \_\_\_\_\_ %

Allowed overall rate of return on total investment: \_\_\_\_\_ %

Second most recent case if regulated:

Date approved: \_\_\_\_\_ By: \_\_\_\_\_ (Regulator)

Allowed rate of return on investment after depreciation: \_\_\_\_\_ %

Allowed overall rate of return on total investment: \_\_\_\_\_ %

Price / Earnings ratio of common stock of the subject company or parent:

at 12-31-02 \_\_\_\_\_, at 12-31-03 \_\_\_\_\_,

at 12-31-04 \_\_\_\_\_, at 12-31-05 \_\_\_\_\_,

at 12-31-06 \_\_\_\_\_, at 12-31-07 \_\_\_\_\_.

13. Has this company or its parent done an impairment study / test within the last five years?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please provide.

14. Has an RCNLD (Replacement cost new less depreciation) study been completed for this company for the current tax year?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please provide.

15. Does subject company or its parent produce Annual Reports, Form 10K, or BTS Form 41 report?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please provide.

16. Have audited balance sheets for the lien date of January 1, 2008, and an audited income statement for the year ending December 31, 2007 been prepared for the subject company for this tax year?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please provide.

**NOTE: All changes and / or corrections must be submitted on Forms 902, 903, 904, or 913.**

COMPANY \_\_\_\_\_

**EXEMPTION WORKSHEET - OKLAHOMA PROPERTY ONLY**

<b>EXEMPT UTILITY (OR CARRIER) PROPERTY</b>				
<b>DESCRIPTION OF EXEMPT OKLAHOMA UTILITY PROPERTY</b>	<b>ACCOUNT NUMBER</b>	<b>REASON FOR EXCEPTION</b>	<b>COST JANUARY 1</b>	<b>ACCUMULATED DEPRECIATION JANUARY 1</b>
LICENSED VEHICLES		TAG IN-LIEU-OF		
PRODUCING OIL WELLS		PRODUCTION TAX IN-LIEU-OF		
PRODUCING GAS WELLS		PRODUCTION TAX IN-LIEU-OF		
<b>TOTAL ORIGINAL COST AND ACCUMULATED DEPRECIATION (FORWARD TO ALLOCATION FACTOR FORM 903)</b>				

**Oklahoma Tax Commission  
Ad Valorem Division**

**System Map Guidelines  
(Effective December 31, 2003)**

Furnish an Oklahoma system map of the facilities operated by respondent. This system map should be exclusive to the reporting entity. Utilizing NAD27 or greater (NAD83 preferred), it is requested that this map be in electronic format if possible, otherwise a hard copy will be required. This map should represent the following:

- Location of all facilities/plants
- Location of warehouse, storage facilities, interchange facilities, maintenance facilities, etc.
- Location of all pipelines, in use or dormant, including sales and acquisitions, with additions or deletions from previous year color-coded
- Year of installation/Year of acquisition, if available
- Size, length, and composition
- County, and school district boundaries \*
- A map legend which includes:
  1. Date of preparation
  2. Company name and Ad Valorem Identification Number
  3. Color and other coding key
  4. Map scale

A failure or refusal to file will subject the reporting entity to administrative penalties in accordance with Title 68, Oklahoma Statutes, Section 2857.

\* For reference, see: [www.csa.ou.edu](http://www.csa.ou.edu)

Data Products & Tools  
Maps

COMPANY \_\_\_\_\_

**STATE ALLOCATION**

PLEASE SHOW THE TOTAL ORIGINAL COST (BEFORE DEPRECIATION) AND THE ACCUMULATED DEPRECIATION FOR EACH STATE OR NON-UNITED STATES PROVINCE WITHIN WHICH YOUR COMPANY HAS PROPERTY.

STATE OR NON-U. S. PROVINCE	ORIGINAL COST AS OF JANUARY 1	ACCUMULATED DEPRECIATION AS OF JANUARY 1
TOTAL ORIGINAL COST AND ACCUMULATED DEPRECIATION (FORWARD TO FORM 903 AND FORM 904-7)		