# Alaska Seafood Marketing Assessment Annual Return Year _____

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578

Due March 31 of the year following the year of activity

| Federal ID ☐ EIN ☐ SSN | Taxpayer Name |
|---|---|
| | |

**Check one:** ☐ Original ☐ Amended (attach explanation) ☐ Bonus: Indicate above the year the resources were originally reported. Indicate below the month and year bonus payments were made. Month:_____Year:_____

| A. Fish. Bus. Lic. # | B. Facility Location or Vessel Name | C. Value of Seafood Products (Line 6, parts I & II, page 2 from each fisheries tax return) |
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|---|---|---|---|
| 1 | Total value of seafood products listed in column C. If less than $50,000, you are not required to file this form. **Stop here if less than $50,000.** | 1 | |
| 2 | Assessment. Multiply the value on line 1 by .5% (.005). This is your Seafood Marketing Assessment. | 2 | $0.00 |
| 3 | **Amended and bonus returns** Tax payments made with original and previously filed bonus/amended returns | 3 | |
| 4 | Amount (Refund) due. Subtract line 3 from line 2 | 4 | $0.00 |

Note: If your combined liabilities exceed $150,000 you must pay online using the Online Tax Information System (OTIS) at www.tax.alaska.gov or by wire transfer.

Check if you are paying by ☐ **OTIS** (confirmation#_____) ☐ **Wire transfer** (date _____)

I declare under penalty of unsworn falsification that the information provided in this return has been reviewed by me, and to the best of my knowledge and belief is true, correct and complete.

| Taxpayer/Officer/Member signature | Printed Name | Date |
|---|---|---|
| | | |

Pay online at www.tax.alaska.gov
or make check payable to **State of Alaska**
Do not send cash

**Mail to:**
ALASKA DEPARTMENT OF REVENUE
TAX DIVISION
PO BOX 110420
JUNEAU AK 99811-0420
Phone 907-465-2320 • Fax 907-465-3566

| Department use only PMD |
|---|
| Validation |



**Retain a copy for your records**