Save Reset Print

DEPT USE ONLY
Envelope #
FSN

580

Alaska
Dive Fishery Management Assessment

Federal ID ☐ EIN ☐ SSN			Fisheries Business License No.
Taxpayer Name			Business Location or Vessel Name
Mailing Address			Telephone Number
City	State	Zip Code	Fax Number
Contact Person			Email Address

☐ **Original Return** ☐ **Amended Return (attach explanation)**

☐ **Licensed Buyer** **Year:** _____

Quarter in which dive resources were purchased

Quarter	Due Date
☐ Jan - Mar	April 30
☐ Apr - Jun	July 31
☐ Jul - Sep	October 31
☐ Oct - Dec	January 31

☐ **Fisherman**

Indicate the year the resource was exported from the state or sold to an unlicensed buyer.

Year: _____

The due date is March 31 of the following year.

☐ **Bonus Return**

Indicate above the year and quarter the resource was originally reported. Indicate below the month and year the bonus payments were made.

Month: _____ Year: _____ *The due date is the last day of the month following the month of the bonus payment.*

		A Pounds	B Value	C Rate	D Tax (Column B x C)
1	Geoduck			7% (.07)	
2	Sea Cucumber			5% (.05)	
3	Sea Urchin			7% (.07)	
4	**Total** (add lines 1 through 3, Column D)				$
5	**AMENDED AND BONUS RETURNS ONLY** Taxes previously paid for this quarter/year				( )
6	**TOTAL TAX LIABILITY (REFUND) DUE** (Subtract line 5 from line 4)				$

Electronic Payment Information

Note: If your liability is $100,000 or more, you must use the Online Tax Information System (OTIS) at *www.tax.alaska.gov* or wire transfer.

Check if you are paying by: ☐ OTIS confirmation # _____ ☐ Wire transfer date _____

I declare under penalty of unsworn falsification that this return, including all accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is true and complete.

Signature	Print name and title	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

580

Retain a copy for your records