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Alaska
Salmon Enhancement Tax Return

DEPARTMENT USE ONLY
ENV
FSN

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Check One	Month/Year salmon purchased:	***Please note the different due dates***
☐ Licensed Buyer	Month:_____ Year:_____	Monthly tax - due last day of month following month of purchase
☐ Fisherman	Year salmon exported/sold:_____	Yearly tax - due March 31st of following year

☐ Bonus Return	Month/Year salmon purchased	Month/Year bonus payment made
	Month:_____ Year: _____	Month:_____ Year: _____

☐ Amended Return (attach explanation)

☐ EIN ☐ SSN	Fisheries Business License #	Phone Number	Fax Number
Taxpayer Name		Facility Location or Vessel Name	
Mailing Address		City	State / Zip Code

E-mail Address
Cell Phone Number

Part 1. Region Where Caught *(Required information - see instructions)*

Region	A Pounds of Salmon	B Value of Salmon
1 Southern Southeast		$
2 Northern Southeast		$
3 Prince William Sound		$
4 Cook Inlet		$
5 Kodiak		$
6 Chignik		$
7 Outside		$
8 **Total** (add lines 1-7)		$

Part 3. Exempt Purchases

Use this section to report all salmon harvested under a special harvest area entry permit issued under AS 16.43.400.
Example: Salmon purchased from government agencies, salmon hatcheries or a fishing derby.

Pounds of Salmon	Value of Salmon
1	2 $

Part 2. Salmon Enhancement Tax - Region from where *Purchased or Exported*

Region	A Pounds of Salmon	B Value of Salmon	C Tax Rate		D Tax (Column B x C)
9 Southern Southeast		$	3% (.03)	9	$ 0.00
10 Northern Southeast		$	3% (.03)	10	$ 0.00
11 Prince William Sound		$	2% (.02)	11	$ 0.00
12 Cook Inlet		$	2% (.02)	12	$ 0.00
13 Kodiak		$	2% (.02)	13	$ 0.00
14 Chignik		$	2% (.02)	14	$ 0.00
15 Outside		$	N/A	15	N/A
16 **Total** (add lines 9-15)		$	N/A	16	$ 0.00

(Totals on line 8, columns A and B must equal totals on line 16, columns A and B)

17 **AMENDED AND BONUS RETURNS ONLY - taxes previously paid for this period.**	17	$( )
18 **TOTAL TAX LIABILITY (REFUND) DUE** (subtract line 17 from line 16, column D)	18	$ 0.00

Note: If your total combined liability exceeds $100,000 you must pay using the Online Tax Information System (OTIS) or by wire transfer.

Check if you are paying by ☐ **OTIS** (confirmation number _____) ☐ **Wire Transfer** (date _____)

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

Signature	Printed Name	Title	Date

Department use only PMD	Validation

Pay online at www.tax.alaska.gov or make check payable to **State of Alaska**

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Mail to: Alaska Department of Revenue, PO Box 110420, Juneau AK 99811-0420