

# Alaska Application For Voluntary Disclosure

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## Part I

Representative's Name		State Agency <b>Department of Revenue - Tax Division</b>	
Representative's Mailing Address		Mailing Address <b>550 W. 7th Ave. Ste. 500</b>	
City, State, Zip Code		City, State, Zip Code <b>Anchorage, AK 99501-3555</b>	
Representative's Email Address		Questions? Email <b>dor.tax.disclosure@alaska.gov</b>	
Representative's Telephone Number	Representative's Fax	Telephone Number <b>907-269-6620</b>	Fax Number <b>907-269-6644</b>

## Part II

Tax Type: <input checked="" type="checkbox"/> Corporate Net Income Tax (AS 43.20)	Tax Periods:
Entity Type: <input type="checkbox"/> Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC (Limited Liability Company)	<p>1. Has the entity ever filed an income tax return with the Department of Revenue? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Has the entity ever been the subject of an inquiry by the Department of Revenue with respect to liability for income taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

## Part III

Attach the following information to the application:
<ul style="list-style-type: none"> <li>• A description of the qualified business entity's business activities</li> <li>• A description of the qualified business entity's business in Alaska</li> <li>• The facts giving rise to the offer to enter into a Voluntary Disclosure Agreement</li> <li>• Whether the DOR has contacted the entity, and if so, the nature of such contacts</li> <li>• The settlement terms proposed by the company</li> <li>• If the entity is a partnership or LLC, the number of corporate partners or members</li> <li>• A statement with your estimate of the amount of taxes due by tax period. Show the accompanying computations.</li> </ul>

## Part IV

<i>I declare under penalty of perjury under the laws of the State of Alaska, that I am authorized by the unnamed entity to act as its agent in negotiating a settlement under Alaska's Voluntary Disclosure Program and that the information in this application, including accompanying schedules and statements, is true and correct to the best of my knowledge and belief.</i>		
Signature	Person Completing Form (Print Name)	Date

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Date received	Case #