

# Alaska

# 2012 Gas Storage Facility Tax Credit

(AS 43.20.046)

DEPARTMENT USE ONLY
ENV
FSN

**FORM  
6322**

To be separately filed

EIN			Contact Person	
Name			Title	
Mailing Address			Contact Email Address	
City	State	Zip Code	Contact Telephone Number	Contact Fax Number

Location of Facility	Date Commercial Operations Commenced
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### Part I: Claiming Credit

Qualifying Data:

- a. Was the facility in operation as a gas storage facility before 1/1/2011? . . . . . yes  no
- b. Is the facility regulated under AS 42.05 as a public utility? . . . . . yes  no
- c. Is the facility located on state land and subject to a lease under AS 31.05.180? . . . . . yes  no
- d. If the answer to question c is "yes," is the gas storage facility in compliance with the terms of the lease? . . . . . yes  no

1. Working gas capacity of facility (1,000s of cubic feet) . . . . .	1	
2. Credit available before limitations (line 1 times \$1.50) . . . . .	2	
3. Cost incurred to establish . . . . .	3	
4. Credit limitation based on cost. Multiply line 3 by 25% . . . . .	4	
5. Overall credit limitations. Enter the lesser of line 4 or \$15,000,000 . . . . .	5	
6. Tentative credit. Enter the lesser of line 2 or line 5 . . . . .	6	
7. Credit taken in earlier tax years . . . . .	7	
8. Refund claimed. Subtract line 7 from line 6. . . . .	8	

You must sign this form on page 2.

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EIN	Name
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**Part II: Increase To Tax For Early Cessation Of Operations**

Completion of Part II constitutes notice to the Department of Revenue of early cessation of operations required under AS 43.20.046(j)

e. Date that commercial operations ceased \_\_\_\_\_

9. Total amount of the credit taken in previous tax years	9	
10. Number of years that facility was in commercial operation	10	
11. Subtract the amount of line 10, from the value of 10 and enter the difference here	11	
12. Divide line 11 by 10	12	
13. Tax due. Multiply line 9 by line 12	13	

*I declare, under penalty of perjury, that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.*

Check if the DOR may discuss this return with the preparer (see instructions)

Authorized Signature			Date	Title		
Preparer's Signature			Date	<input type="checkbox"/> Check if self-employed	Preparer's SSN or PTIN	DEPT. USE ONLY Refund
Preparer firm's name (or yours if self-employed) and address				EIN	Phone	
City	State	Zip Code	Dept Use Only Validation Number:			Approved