

Alaska 2012 Liquefied Natural Gas (LNG) Storage Facility Tax Credit (AS 43.20.047)

To be separately filed

DEPARTMENT USE ONLY
ENV
FSN

**FORM
6324**

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 or Payment

Qualifying Data:

- a. Is this credit being claimed for (check one) new facility expansion
- b. Was the facility in operation as a LNG storage facility before 1/1/2011? yes no
- c. If claim is for expansion, was expansion in operation before 1/1/2011 yes no
- d. Is the facility regulated under AS 42.05 as a public utility? yes no
- e. Is the facility located on state land and subject to a lease under AS 31.05? yes no
- f. If the answer to question e is "yes," is the LNG storage facility in compliance with the terms of the lease? yes no
- g. Capacity of LNG volume (gallons) or increase to capacity for expansion _____

1. Cost incurred to establish facility or expansion	1	
2. Credit limitation based on cost. Multiply line 1 by 50%	2	
3. Refund claimed. Enter the lesser of line 2 or \$15,000,000	3	

You must sign this form on page 2.

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6324**

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 43.20.047(j)

h. Date that commercial operations ceased _____

4. Total amount of the credit taken or payment received in previous tax years	4	
5. Number of years that facility was eligible for credit	5	
6. Subtract the amount on line 5, from the value of 10 and enter the difference here	6	
7. Divide line 6 by 10	7	
8. Tax due. Multiply line 4 by line 7	8	

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