

Alaska Salmon Enhancement Tax Monthly Report

Month _____ Year _____

Due 15th day of the month following month of activity

DEPARTMENT USE ONLY
ENV
FSN

567

<input type="checkbox"/> EIN <input type="checkbox"/> SSN	Taxpayer name	License No.
Business location/Vessel name	Contact person	Phone number

Type of Report

<input type="checkbox"/> Original	<input type="checkbox"/> Amended (attach explanation)	<input type="checkbox"/> Bonus	Month/Year resource originally purchased Month: _____ Year: _____	Month/Year bonus payment made Month: _____ Year: _____
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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 Yakutat		\$
8 Outside		\$
9 Total (add lines 1-8)		\$

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)
10 Southern Southeast		\$	3% (.03)	10	\$
11 Northern Southeast		\$	3% (.03)	11	\$
12 Prince William Sound		\$	2% (.02)	12	\$
13 Cook Inlet		\$	2% (.02)	13	\$
14 Kodiak		\$	2% (.02)	14	\$
15 Chignik		\$	2% (.02)	15	\$
16 Yakutat		\$	2% (.02)	16	\$
17 Outside		\$	N/A	17	N/A
18 Total (add lines 10-17)		\$	N/A	18	\$

(Totals on line 9, columns A and B must equal totals on line 18, columns A and B)

19 AMENDED AND BONUS REPORTS ONLY - Taxes previously paid for this month	19	\$ ()
20 TOTAL TAX LIABILITY (REFUND) DUE (subtract line 19 from line 18, column D)	20	\$

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

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

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

Signature	Printed Name	Title	Date
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DEPT USE ONLY
PMD:

VALIDATION

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

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

0405-567 Rev 09/04/13

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