

State of Alaska 2009 Mining License Tax Return - Short Form

Department use only: Envelope

662SF

FSN

Federal ID <input type="checkbox"/> EIN <input type="checkbox"/> SSN			Mining License #	Year ending (Year/Month)
Taxpayer Name			Telephone Number	
Business Name			E-mail Address	
Mailing Address			Check if: <input type="checkbox"/> Renew my License for next year <input type="checkbox"/> Inactive <input type="checkbox"/> Amended (attach explanation)	Taxpayer type: CHECK ALL THAT APPLY <input type="checkbox"/> Owner <input type="checkbox"/> Lessor <input type="checkbox"/> Operator
City	State	Zip + 4		
Contact Person	Title			

THIS FORM CAN ONLY BE USED BY CASH BASIS TAXPAYERS WITH ONE MINING OPERATION AND NO INDIRECT EXPENSES (see instructions)

INCOME

1	Gross income from mining operation	1
2	Royalties received (Schedule C, line 2)	2
3	Total income (add lines 1 and 2)	3

EXPENSES

4	Royalties paid (Schedule B, line 3)	4
5	Fuel and oil	5
6	Maintenance and repairs	6
7	Salaries and wages	7
8	Transportation costs	8
9	Depreciation expense	9
10	Other expenses (attach schedule)	10
11	Total expenses (add lines 4 through 10)	11
12	Net income before depletion (line 3 minus line 11)	12
13	Depletion expense (Schedule A, line 5 or line 16)	13
14	Taxable Income before exemption for new mining operation (subtract line 13 from line 12)	14
15	Exemption for new mining operation (see instructions)	15
16	Net taxable income (subtract line 15 from line 14)	16
17	Tax (see instructions)	17
18	Exploration incentive credit (attach Form 0405-665)	18
19	Mining business education credit (line 4 of Schedule EC, can be found on Form 0405-662)	19
20	Amount paid with extension	20
21	Amended returns only. Amount paid with original return	21
22	Net tax due or (overpayment). (Subtract lines 18, 19, 20 and 21 from line 17)	22

Electronic Payment Information

Note: If your combined liabilities exceed \$150,000, you must pay online through OTIS at www.tax.alaska.gov or wire transfer funds.

Check if you are remitting by: OTIS (confirmation # _____) Wire transfer (date _____)

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

Signature	Print name and title	Date
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Pay online at www.tax.alaska.gov
or make check payable to **State of Alaska**

Mail to: ALASKA DEPARTMENT OF REVENUE - TAX DIVISION
PO BOX 110420, JUNEAU AK 99811-0420
Telephone 907-465-2320 Fax 907-465-2375

662SF

Department use only PMD	Validation
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Retain a copy for your records

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Name of Taxpayer or Business	Federal EIN or SSN
Description and Location of Mining Operation	Mining License #
	Date of Initial Production

SCHEDULE A - DEPLETION (Attributable to mining operation identified above.)

COST DEPLETION CALCULATION (Sand and gravel operations must use cost depletion)

1	Cost or basis of mining property (less residual value)	1
2	Estimated recoverable units at beginning of tax year	2
3	Unit cost (divide line 1 by line 2)	3
4	Number of units produced this tax period	4
5	Cost depletion (multiply line 3 by line 4)(Sand and Gravel Operations - Enter on page 1, line 13)	5

PERCENTAGE DEPLETION CALCULATION (Sand and gravel operations must use cost depletion)

6	Total income from mining operation (page 1, line 3)	6
7	Royalties paid (Schedule B, line 3)	7
8	Depletion base (line 6 minus line 7)	8
9	Applicable depletion percentage (see instructions)	9
10	Percentage depletion (multiply line 8 by line 9). Enter result here.	10
11	Total income from mining operation (page 1, line 3)	11
12	Total expenses (page 1, line 11)	12
13	Net income before depletion (line 11 minus line 12)	13
14	Limitation (multiply line 13 by 50%)	14
15	Line 10 or line 14, whichever is less	15
16	Depletion deduction (line 5 or 15, whichever is greater). Enter here and on page 1, line 13.	16

SCHEDULE B - Royalties Paid (Note: If more than two lessors, attach a separate Schedule B)

	Name and Address of each Lessor	Amount Paid
1	Federal ID <input type="checkbox"/> EIN <input type="checkbox"/> SSN	\$
	Name	
	Mailing Address	
	City State Zip+4	
2	Federal ID <input type="checkbox"/> EIN <input type="checkbox"/> SSN	\$
	Name	
	Mailing Address	
	City State Zip+4	
3	Total royalties paid. Add amounts paid and enter amount on page 1, line 4.	\$

SCHEDULE C - Royalties Received (Note: If more than one royalty received, attach a separate Schedule C)

	Name and Address of each Lessee	Amount Received
1	Federal ID <input type="checkbox"/> EIN <input type="checkbox"/> SSN	\$
	Name	
	Mailing Address	
	City State Zip+4	
2	Total royalties received. Add amounts received and enter amount on page 1, line 2.	\$