

2011 ALASKA CORPORATION NET INCOME TAX RETURN - SHORT FORM

For the calendar year 2011 or the taxable year beginning

, 2011 and ending _____,

| | |
|------------|----------|
| Department | Use Only |
| FSN.SEQ | ENVELOPE |
| | |

611SF

| | | | | | |
|--|-------|----------|--|--|--|
| Federal EIN | | | NAICS Code | | |
| Name | | | Contact Telephone Number | | Extension |
| Mailing Address | | | Contact Email Address | | |
| City | State | Zip Code | Contact Fax Number | | |
| Contact Person | | | Title | | |
| Check applicable boxes: <input type="checkbox"/> First Alaska return <input type="checkbox"/> Final Alaska return <input type="checkbox"/> Name or address change since last year | | | <input type="checkbox"/> Exempt Organization (see instructions) <input type="checkbox"/> S Corporation (Attach 1120S) <input type="checkbox"/> Homeowners Association (Attach 1120H) | | <input type="checkbox"/> Check if a federal extension is in effect and attach a copy of Form 7004 <input type="checkbox"/> Carryback is waived for Net Operating Loss |

SCHEDULE A - NET INCOME TAX SUMMARY

| | | |
|--|----|------------------------|
| 1. Alaska income (loss) from Schedule B-SF | 1 | |
| 2. Alaska net operating loss deduction (attach schedule) | 2 | |
| 3. Alaska taxable income. Subtract line 2 from line 1 | 3 | |
| 4. Alaska income tax from Schedule D-SF, line 7 | 4 | |
| 5. Other taxes from Schedule E-SF, line 5 | 5 | |
| 6. Federal-based credits from Schedule F, line 16 (see instructions) | 6 | () |
| 7. Total Tax. Sum of lines 4, 5 and 6 | 7 | |
| 8. Incentive Credits (see instructions) | 8 | () |
| 9. Education Credit from Schedule G, line 4 (see instructions) | 9 | () |
| 10. Net Alaska income tax (line 7, net of lines 8 and 9) if more than \$500, attach Form 0405-708 | 10 | |
| 11. Payments from Page 2, Schedule C-SF | 11 | |
| 12. Tax due. If line 10 is larger than line 11, enter amount of tax due | 12 | |
| 13. Overpayment. If line 11 is larger than line 10, enter amount overpaid (enter as a positive number) | 13 | |
| 14. Penalty for underpayment of estimated tax (Form 0405-708, line 18, see instructions) | 14 | |
| 15. Penalty for failure to file (see instructions) | 15 | |
| 16. Penalty for failure to pay (see instructions) | 16 | |
| 17. Interest (see instructions) | 17 | |
| 18. Total amount due (overpaid). Line 12 plus lines 14-17, or line 13 less lines 14-17 | 18 | |
| 19. Overpayment credited to 2012 estimated tax (see instructions) | 19 | |
| 20. Refund (line 18 reduced by line 19) | 20 | |

| | | | | | |
|--|--|------|---|--|----------------|
| I declare under penalty of perjury that the information provided in this return, including accompanying schedules and statements, has been reviewed by me, 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 on which preparer has any knowledge. | | | | May the DOR discuss this return with the preparer shown below (see instructions) Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Officer's Signature | | Date | Title | | DEPT. USE ONLY |
| Preparer's Signature | | Date | <input type="checkbox"/> Check if self-employed | Preparer's SSN or PTIN | Refund |
| Preparer firm's name (or yours if self-employed) and address | | | EIN | CFWD | |
| City | | | State | Zip +4 | Approved |
| Dept Use Only | | | Validation Number: | | |

611SF

| | |
|------|----------------|
| EIN: | Taxpayer Name: |
|------|----------------|

SCHEDULE B - SF - ALASKA INCOME (LOSS)

| | | | |
|--|----|----|----------------|
| 1. Federal taxable income, Form 1120, line 28 or Form 1120A, line 24, as actually filed... | | 1 | |
| 2. Additions: (a) All taxes based on or measured by net income | 2a | | |
| (b) Other (attach schedule) | 2b | | |
| (c) Total additions. Add 2a and 2b | | 2c | |
| 3. Subtractions: (a) Interest from obligations of the United States | 3a | | |
| (b) Special deductions from Form 1120, Schedule C line 20 | 3b | | |
| (c) Other (attach schedule) | 3c | | |
| (d) Total subtractions. Add 3a through 3c | | 3d | () |
| 4. Alaska income (loss). Add lines 1, 2c and 3d. Enter here and on Schedule A, line 1.. | | 4 | |

TAX RATE SCHEDULE (AS 43.20.011)

| If your Alaska taxable income is: | | (3) | (4) | (5) |
|-----------------------------------|---------------|-------------|------|--------------------|
| (1) | (2) | Your Tax Is | Plus | Of The Amount Over |
| At Least | But Less Than | | | |
| - 0 - | 10,000 | - 0 - | 1% | -0- |
| 10,000 | 20,000 | 100 | 2% | 10,000 |
| 20,000 | 30,000 | 300 | 3% | 20,000 |
| 30,000 | 40,000 | 600 | 4% | 30,000 |
| 40,000 | 50,000 | 1,000 | 5% | 40,000 |
| 50,000 | 60,000 | 1,500 | 6% | 50,000 |
| 60,000 | 70,000 | 2,100 | 7% | 60,000 |
| 70,000 | 80,000 | 2,800 | 8% | 70,000 |
| 80,000 | 90,000 | 3,600 | 9% | 80,000 |
| 90,000 or More | | 4,500 | 9.4% | 90,000 |

SCHEDULE C - SF ESTIMATED TAX PAYMENT RECORD

| Estimated Payments | Date | Amount |
|--|------|----------------|
| (1) 0405-711 | | |
| (2) 0405-711 | | |
| (3) 0405-711 | | |
| (4) 0405-711 | | |
| Tentative Tax 0405-709 | | |
| Overpayment From Prior Year | | |
| Less: Quick Refund (Federal Form 4466) | | () |
| Total Payments to Schedule A, line 11 | | \$ |

SCHEDULE D - SF - ALASKA TAX COMPUTATION

| | A | B |
|---|---|---|
| 1. Alaska taxable income from Schedule A, line 3 | 1 | |
| 2. Net capital gain, not to exceed line 1. If line 1 is a loss enter zero. (See instructions) | 2 | |
| 3. Ordinary income. Subtract line 2 from line 1. If less than zero, enter zero | 3 | |
| 4. To compute the tax on ordinary income, apply the amount on line 3 to the Tax Rate Schedule | 4 | |
| 5. Tax on net capital gain. Multiply line 2 by 4.5% | 5 | |
| 6. Add lines 4 and 5 | 6 | |
| 7. Enter the lesser of line 6, column A or B here and on Schedule A, line 4 | 7 | |

SCHEDULE E - SF - OTHER TAXES

| | A | | B |
|---|----|-------|-------------------|
| 1. Alternative minimum tax from federal Form 4626 | 1a | x 18% | 1b |
| 2. Credit for prior year minimum tax from Form 1120 Schedule J | 2a | x 18% | 2b () |
| 3. Other federal taxes (attach schedule) | 3a | x 18% | 3b |
| 4. S Corp, See instructions (attach schedule) | | | 4 |
| 5. Total other taxes. Add lines 1 through 4, enter here and on Schedule A, line 5 | | | 5 |

| | |
|---|--|
| If this is the first return, indicate whether: <input type="checkbox"/> New Business <input type="checkbox"/> Successor to previously existing business | Enter name, address and federal EIN of previous business: _____ _____ _____ |
|---|--|