

Alaska Department of Revenue

Application for Voluntary Disclosure

615

Part I

| | | | |
|---|----------------------|--|-----------------------------------|
| Representative's name | | State agency involved Department of Revenue - Tax Division | |
| Representative's mailing address | | Mailing address 550 W 7th Ave Ste 500 | |
| City, State, Zip Code | | City, State, ZIP Code Anchorage, AK 99501-3555 | |
| Representative's email address (optional) | | Questions? Email dor.tax.disclosure@alaska.gov | |
| Representative's daytime telephone | Representative's fax | Telephone number 907-269-6620 | FAX number 907-269-6644 |

Part II

| | |
|---|---|
| Tax Type <input type="checkbox"/> Corporation Net Income Tax (AS.43.20) | Tax periods |
| Entity type <input type="checkbox"/> Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC (limited liability company) | <p>1. Has the entity ever filed an income tax return with the Department of Revenue? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Has the entity ever been the subject of an inquiry by the Department of Revenue with respect to liability for any taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |

Part III

Attach the following information as Exhibit 1

- A description of the qualified business entity's business activities
- A description of the qualified business entity's business in Alaska
- The facts giving rise to the offer to enter into a Voluntary Disclosure Agreement
- Whether the DOR has contacted the entity, and if so, the nature of such contacts
- The settlement terms proposed by the company
- If the entity is a partnership or LLC, the number of corporate partners or members

Part IV

Attach the following information as Exhibit 2

- A statement with your estimate of the amount of taxes due by tax period. Show the accompanying computations.

Part V

I declare under penalty of perjury under the laws of the State of Alaska, that I am authorized by the unnamed entity to act as its agent in negotiating a settlement under Alaska's Voluntary Disclosure Program and that the information given above and in the attached Exhibit 1 and Exhibit 2 is true and correct to the best of my knowledge and belief.

| | | |
|-----------|-------------------------------------|------|
| Signature | Person completing form (Print name) | Date |
|-----------|-------------------------------------|------|

Mail to: Alaska Department of Revenue - Tax Division
 550 W 7th Ave Ste 500 • Anchorage AK 99501-3566
 Telephone 907-269-6620
 FAX 907-269-6644
 dor.tax.disclosure@alaska.gov

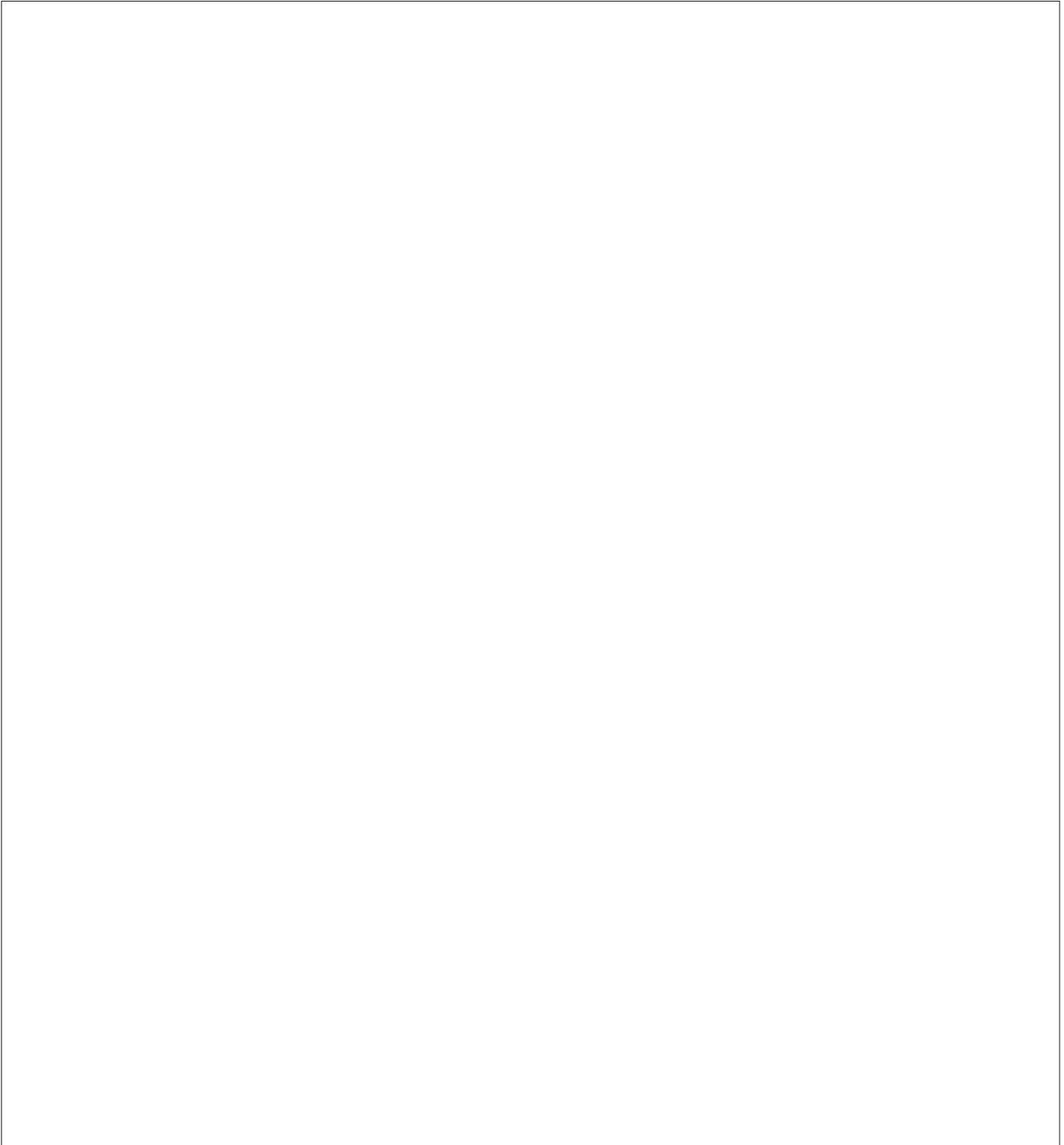
615

| | |
|---------------------|--------|
| Department use only | |
| Date received | Case # |

Application for Voluntary Disclosure

EXHIBIT 1

Provide the items requested in Part III of Form 0405-615. Attach additional sheets as necessary.

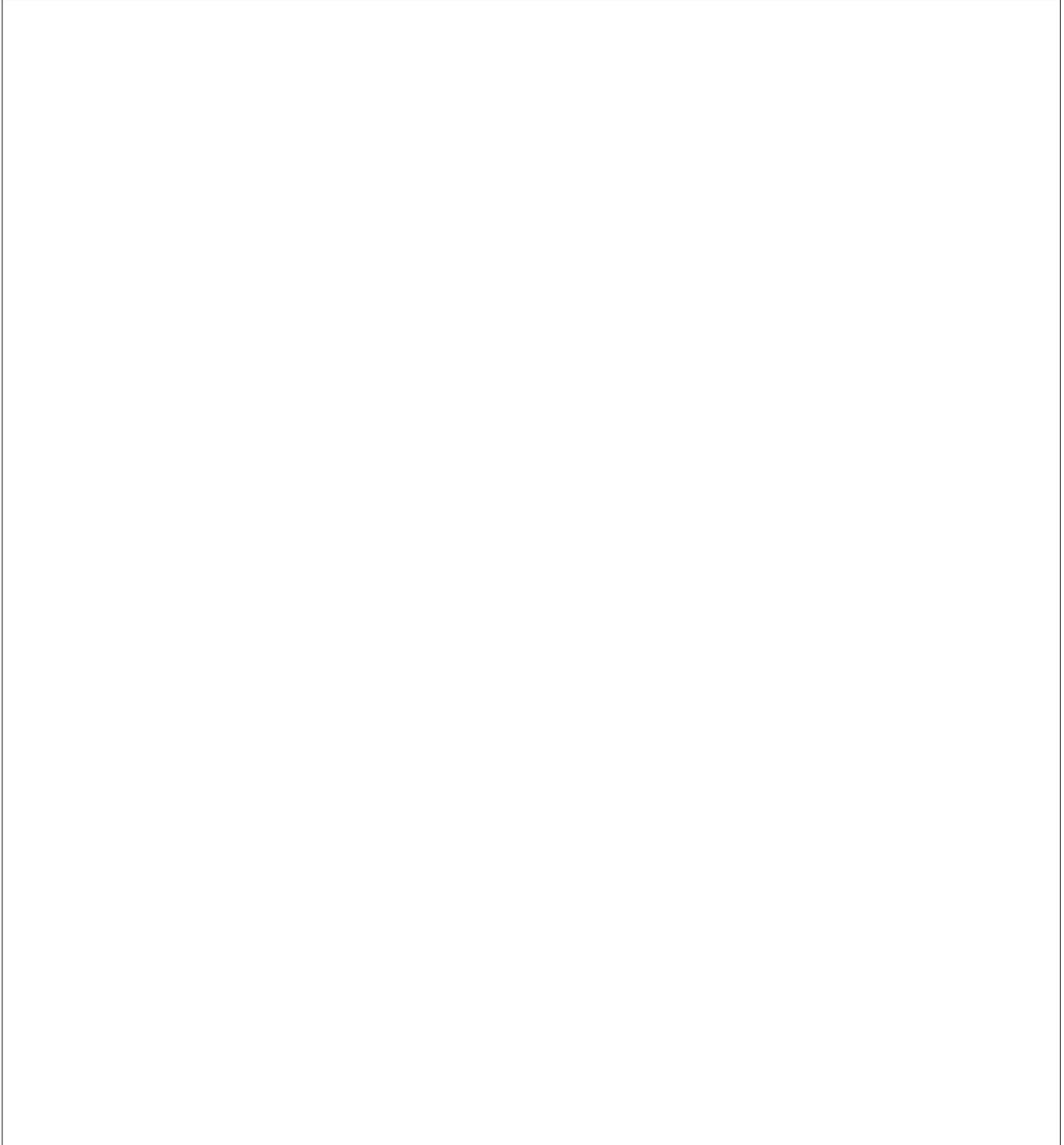


Need Help? Contact us at 907-269-6620 or e-mail dor.tax.disclosure@alaska.gov

Application for Voluntary Disclosure

EXHIBIT 2

Provide the items requested in Part III of Form 0405-615. Attach additional sheets as necessary.



Need Help? Contact us at 907-269-6620 or e-mail dor.tax.disclosure@alaska.gov