

Form 04-711 Payment of Estimated Alaska Corporation Net Income Tax		Important: To insure proper credit, use the same Name and EIN that will be used on the return.
Date	Employer Identification Number	<input type="checkbox"/> Calendar year ____ <input type="checkbox"/> Fiscal year ending __/__/__ <input type="checkbox"/> Other: Begin _____, _____ End _____, _____
Name of Corporation		
Mailing Address		
City, State, Zip Code		Installment Number (Check appropriate box) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
First Year Doing Business in Alaska	Total Estimated Tax	Installment Amount
	\$	\$

ALASKA DEPARTMENT OF REVENUE
 PO BOX 110420
 JUNEAU, ALASKA 99811-0420

For Department Use Only

Date received

PMD:

Validation Number:

Form 04-711 (Rev 11/00) THIS FORM MUST ACCOMPANY ESTIMATED PAYMENTS

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Mailing Address		
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First Year Doing Business in Alaska	Total Estimated Tax \$	Installment Amount \$

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This voucher is to be used to pay tax due with extension of time to file return.

Form 04-709 Payment of Tentative Alaska Corporation Net Income Tax		Important: To insure proper credit, use the same Name and EIN that will be used on the return.
PAYMENT DUE DATE	The 15th day of the third month following the end of the tax year (e.g. March 15 for calendar year taxpayers) IMPORTANT: To insure proper credit, use the same Name and EIN that will be used on the return.	
	Date	Employer Identification Number
Name of Corporation		<input type="checkbox"/> Calendar year _____ <input type="checkbox"/> Fiscal year ending ___/___/___ <input type="checkbox"/> Other: Begin _____, _____ End _____, _____
Mailing Address		
City, State, Zip Code		(a) Tentative Amount of Tax \$
		(b) Less estimated tax payments* \$
		(c) Balance due Subtract line (b) from line (a) \$

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* Include amount of preceding year's overpayment allowed as a credit.

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THIS FORM MUST ACCOMPANY TENTATIVE PAYMENT