

# 2006 Alaska Seafood Marketing Assessment Return

|                                |
|--------------------------------|
| Department use only envelope # |
| FSN                            |

578

Due April 2, 2007

|  |       |         |                |  |   |
|--|-------|---------|----------------|--|---|
| Federal EIN or SSN                               |       |         | Phone number   |  | Check one:<br><br><input type="checkbox"/> Original<br><input type="checkbox"/> Amended (attach explanation)<br><input type="checkbox"/> Bonus<br>Month: .....<br>Year: ..... |
| Individual (last, first, MI) or corporation name |       |         | Fax number     |  |   |
| Business name                                    |       |         | Mobile number  |  |   |
| Mailing address                                  |       |         | Email          |  |   |
| City   | State | Zip + 4 | Contact person |  |   |

| A. Fish. Bus. Lic. # | B. Facility location or vessel name | C. Value of seafood products<br>(Line 6, parts I & II, page 2 from each fisheries tax return) |
|----------------------|-------------------------------------|---|
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|----------|--|----------|--|
| <b>1</b> | Total value of seafood products listed in column C. If less than \$50,000, skip line 2, sign the return, and file it on or before the due date | <b>1</b> |  |
| <b>2</b> | Assessment. Multiply the value on line 1 by .5% (.005). This is your Seafood Marketing Assessment, please remit payment                        | <b>2</b> |  |
| <b>3</b> | <b>Amended and bonus returns only.</b> Tax payment made with original and previously filed bonus and amended returns                           | <b>3</b> |  |
| <b>4</b> | Amount due. Subtract line 3 from line 2  | <b>4</b> |  |

**Note: If your combined liabilities exceed \$150,000, you must wire transfer funds or pay online using TOPS at [www.tax.state.ak.us](http://www.tax.state.ak.us).**

Check if you are remitting by:     Wire transfer (date \_\_\_\_\_)     TOPS (confirmation # \_\_\_\_\_)

*I declare under penalty of unsworn falsification that the information provided in this return has been reviewed by me, and to the best of my knowledge and belief is true, correct and complete. If prepared by a person other than the taxpayer, preparer's declaration is based on all information of which preparer has any knowledge.*

|           |            |      |
|-----------|------------|------|
| Signature | Print name | Date |
|-----------|------------|------|

Pay online at [www.tax.state.ak.us](http://www.tax.state.ak.us) or make check payable to **State of Alaska**

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

|                         |
|-------------------------|
| Department use only PMD |
| Validation              |