

# 2009 Alaska Seafood Marketing Assessment Return

Department use only envelope #
FSN

578

Due March 31, 2010

Federal <input type="checkbox"/> EIN or <input type="checkbox"/> SSN			Phone number		Check one:  <input type="checkbox"/> Original <input type="checkbox"/> Amended (attach explanation) <input type="checkbox"/> Bonus Month: ..... 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 (Line 6, parts I & II, page 2 from each fisheries tax return)

1	Total value of seafood products listed in column C. If less than \$50,000, you are not required to file this form. <b>STOP</b>	1	
2	Assessment. Multiply the value on line 1 by .5% (.005). This is your Seafood Marketing Assessment, please remit payment	2	
3	<b>Amended and bonus returns and monthly pay &amp; report filers only.</b> Tax payments made with original, previously filed bonus/amended returns and monthly reports	3	
4	Amount (Refund) due. Subtract line 3 from line 2	4	

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

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

*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.*

Taxpayer/Officer/Member signature	Print name	Date
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Pay online at <http://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

Department use only PMD
Validation

578

Retain a copy for your records

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