

Alaska Assignment of Rights of Shared Tax or Fee Payment

Assignments must be received by the due date to be accepted. Please read instructions when completing this form.

Assignor (Local Government)			
Local Government Name			Maximum Amount to be Assigned
Mailing Address			Phone Number
City	State	Zip Code	Fax Number

Assignee (Payment to be assigned to)			
State Agency		Division	
Mailing Address			Phone Number
City	State	Zip Code	Fax Number
Reason for Assignment			

This assignment relates to payment of shared taxes or fees to the assignee above for fiscal year _____ from (check one).

Due Date

- | | |
|-----------------------------------------------------------------|-------------------------|
| <input type="checkbox"/> Aviation Motor Fuel Tax | June 30 |
| <input type="checkbox"/> Commercial Passenger Vessel Excise Tax | December 31 |
| <input type="checkbox"/> Electric/Telephone Cooperative Tax | June 30 |
| <input type="checkbox"/> Fisheries Business Tax | June 30 |
| <input type="checkbox"/> Fishery Resource Landing Tax | June 30 |
| <input type="checkbox"/> Liquor License Fees | June 30 and December 31 |

Assignor's Signature Required. This assignment must be signed in the presence of a notary public.

I am authorized to assign payment on behalf of the local government (Assignor) named above and hereby assign to the agency named (Assignee), rights to the payment for shared taxes or fees for the program indicated above.

Assignor's Signature	Date
Assignor's Printed Name	Position Held with Local Government

Notary Public

This assignment was subscribed and sworn to before me on this _____ day of _____,

20_____, at _____.

Signature of Notary

My commission expires: _____

SEAL

Please keep a copy for your records

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