Alaska Fishery Resource Landing Tax CDQ Credit Application

Due January 31 of the year following the year of contribution

EIN					Year of Contribution		Phone Number			
□ SSN				onthibution	1 110	Thore Number				
Taxpayer Name					Fax Number					
Mailing Address					Email					
City	ity State Zip C			Code		Contact Person				
Name of Non-Profit Corporation Receiving the Contribution (recipient)										
Recipient Address								Phone	Number	
Intended use of the contribution*				Amo			* All contributions must be fisheries related.			
Scholarships								43.77.040 for further definition		
Seafood industry training					of criteria that			qualify contributions for a		
Transportation facilities grants							community developme	ent quot	quota (CDQ) credit.	
Transportation facilities loans										
Facilitie	s grants									
Facilities loans										
Research grants										
Total contributions										
Have you or a related person received a loan or grant from any nonprofit corporation to whom you made a contribution?										
Does your company have a direct or indirect ownership interest in the nonprofit corporation that received your contribution? \[\sum \text{Yes} \text{No} \text{If Yes, indicate the percentage owned \text{Yes}} \]										
Does the nonprofit corporation that received your contribution have a direct or indirect ownership interest in your company? ☐ Yes ☐ No If Yes, indicate the percentage owned%										
You must attach the following documents and information before this application may be approved (failure to file a timely and complete application as required by AS 43.77.040 constitutes a waiver of the credit).										
1 A receipt from the nonprofit corporation verifying the date and amount of the contribution. Note: only cash contributions made as donations qualify for the credit.										
3 The fishery resources, by unprocessed weight and species, harvested under CDQ.										
	4 A statement from you that the contribution to the nonprofit entity was expressly conditioned upon its use exclusively for the purposes indicated above as authorized by AS 43.77.040.									
5 A copy of the current harvest/royalty agreement between you and the CDQ holder.										
Signature						Print	name		Date	
Department use only: ☐Approved ☐ Disapproved					Department signature		ure	Date		
					Printed name			Title		