

Alaska Oil and Gas Corporation Net Income Tax Return

Form **6100**

For calendar year 2014 or the taxable year beginning _____, 2014, ending _____, 20____

2014

EIN		NAICS Code		Contact Person	
Name				Title	
Mailing Address <input type="checkbox"/> Check if new address			Contact Email Address		
City	State	Zip Code	Contact Telephone Number		Contact Fax Number
Return Information (check applicable boxes)		Federal extension is in effect (attach a copy of Form 7004)		Exempt organization (see instructions)	
<input type="checkbox"/> Final Alaska return		<input type="checkbox"/> Public Law 86-272 applies		<input type="checkbox"/> S Corporation (attach Form 1120S)	
<input type="checkbox"/> Consolidated Alaska return		<input type="checkbox"/> Carryback is waived for net operating loss		<input type="checkbox"/> Personal Holding Company	
<input type="checkbox"/> Amended return					
If amended return box above is checked, then check the following boxes, if applicable:					
<input type="checkbox"/> amended return is filed to report IRS audit change		<input type="checkbox"/> this is a protective claim			

SCHEDULE A – NET INCOME TAX SUMMARY

1. Alaska income (loss) from Schedule G, line 11	1	
2. Alaska net operating loss utilized: carryover (_____) carryback (_____). Total	2	(_____)
3. Alaska taxable income. Add lines 1–2	3	
4. Alaska income tax from Schedule D, line 7	4	
5. Other taxes from Schedule E, line 6	5	
6. Total tax. Add lines 4–5	6	
7. Other Alaska incentive credits from Form 6300, line 35	7	
8. Federal-based credits from Form 6390, line 33	8	
9. Net Alaska income tax. Subtract the sum of lines 7–8 from line 6. If more than \$500, attach Form 6220	9	
10. Payments from Page 3, Schedule C	10	
11. Alaska credit for prior year minimum tax (see instructions)	11	
12. Alaska refundable incentive credits from Form 6300, line 27	12	
13. Tax due (overpaid). Subtract the sum of lines 10–12 from line 9	13	
14. Penalty for underpayment of estimated tax (see instructions)	14	
15. Total amount due (overpaid). Add lines 13–14. If greater than zero, STOP	15	
16. Overpayment credited to 2015 estimated tax (enter as positive number)	16	
17. Refund. Add lines 15–16	17	

I declare, under penalty of perjury, that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			<input type="checkbox"/> Check if the DOR may discuss this return with the preparer (see instructions)
Officer's Signature		Date	Title
Preparer's Signature		Date	<input type="checkbox"/> Check if self-employed Preparer's SSN or PTIN
Preparer firm's name (or yours if self-employed) and address		EIN	Phone
City	State	Zip Code	

EIN	Name
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SCHEDULE B – ALASKA TAXPAYER INFORMATION

1. ALASKA CONSOLIDATED RETURNS ONLY: LIST ALL CORPORATIONS, OTHER THAN THE TAXPAYER SHOWN ON PAGE 1, WITH NEXUS IN ALASKA INCLUDED IN THIS RETURN. FAILURE TO PROPERLY COMPLETE MAY RESULT IN PENALTIES.

A Name of each corporation with nexus in Alaska	B P.L.86-272 applies	C EIN	D NAICS Code		
Name	<input type="checkbox"/>				
Address					
City				State	Zip Code
Factor numerators to be reported: <input type="checkbox"/> property <input type="checkbox"/> extraction <input type="checkbox"/> sales					
Name	<input type="checkbox"/>				
Address					
City				State	Zip Code
Factor numerators to be reported: <input type="checkbox"/> property <input type="checkbox"/> extraction <input type="checkbox"/> sales					
Name	<input type="checkbox"/>				
Address					
City				State	Zip Code
Factor numerators to be reported: <input type="checkbox"/> property <input type="checkbox"/> extraction <input type="checkbox"/> sales					
Name	<input type="checkbox"/>				
Address					
City				State	Zip Code
Factor numerators to be reported: <input type="checkbox"/> property <input type="checkbox"/> extraction <input type="checkbox"/> sales					

2. If any taxpayer included in this return is included in a federal consolidated return (Form 1120), provide the name, address, and EIN of the common parent of the federal consolidated group.

EIN	Name		
Address	City	State	Zip Code

3. If this is the first return, indicate if: Successor to previously existing business (Enter name, address, and EIN of previous business)

EIN	Name		
Address	City	State	Zip Code

4. Name and EIN on the prior year's return if different from page 1. State the reason for the change (e.g. merger, name change, etc.)

EIN	Name		
Reason			

EIN	Name
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SCHEDULE C – TAX PAYMENT RECORD

Estimated Payments	Date	Amount	Summary	Date	Amount
First			Payment with extension		
Second			Total estimated tax payments		
Third			Overpayment from prior year		
Fourth			Less: Quick Refund from Form 6230		()
Total estimated tax payments			Amended return only:		
			Tax paid with original return and additional tax paid		
			Less: Overpayment previously credited to 2015		()
			Less: Refund from original return and additional refunds		()
			Total net payments to Schedule A, line 10		\$

SCHEDULE D – ALASKA TAX COMPUTATION

Tax Rate Table is contained in instructions

		A	B
1. Alaska taxable income from Schedule A, line 3	1		
2. Net capital gain from Schedule J, line 18	2		
3. Ordinary income. Subtract line 2 from line 1. If less than zero, enter zero	3		
4. Tax on ordinary income. Use Tax Rate Table to calculate tax on line 3	4		
5. Tax on net capital gain. Multiply line 2 by 4.5%	5		
6. Alaska income tax. Add lines 4–5	6		
7. Enter the lesser of line 6, column A or B here and on Schedule A, line 4	7		

SCHEDULE E – OTHER TAXES

		A		B
1. Alternative minimum tax from federal Form 4626	1		x18%	
2. Apportionment factor from Schedule I, line 14				2
3. Multiply line 1 by line 2				3
4. Personal Holding Company tax (see instructions)				4
5. Other taxes (see instructions)				5
6. Add lines 3–5. Enter here and on Schedule A, line 5				6

EIN	Name
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SCHEDULE G – COMPUTATION OF ALASKA INCOME

		1	
1. Federal taxable income (loss) (see instructions)			
Combined Reporting	2a. Add: Federal taxable income (loss) of domestic corporations not included in line 1	2a	
	2b. Add: Foreign corporations	2b	
	2c. Federal taxable (income) loss of non-unitary corporations	2c	
	2d. Intercompany eliminations (see instructions)	2d	
	2e. Total adjustments for combined reporting. Add lines 2a–2d	2e	
Additions	3a. Taxes based on or measured by net income	3a	
	3b. Federal charitable contributions from federal Form 1120, line 19	3b	
	3c. Net Section 1231 losses from federal Form 4797, line 11	3c	
	3d. Intangible drilling and development costs expensed for federal purposes	3d	
	3e. Percentage depletion deducted for federal purposes	3e	
	3f. Federal depreciation	3f	
	3g. Expenses incurred to produce non-business income	3g	
	3h. Oil and gas service industry expenditures. Enter amount from Form 6327, line 2	3h	
	3i. Other (attach schedule)	3i	
	3j. Total additions. Add lines 3a–3i	3j	
4. Total. Add lines 1, 2e and 3j		4	
Subtractions	5a. Intangible drilling costs allowable	5a	
	5b. Cost depletion	5b	
	5c. Depreciation allowable	5c	
	5d. Interest from obligations of the U.S. government	5d	
	5e. Intercompany dividends	5e	
	5f. Section 78 gross-up dividends	5f	
	5g. Federal Form 1120, line 8 capital gain income	5g	
	5h. Non-recaptured Section 1231 losses from prior years from federal Form 4797, line 12	5h	
	5i. Non-business income (attach schedule)	5i	
	5j. Other (attach schedule)	5j	
	5k. Total subtractions. Add lines 5a–5j	5k	
6. Apportionable business income (loss). Subtract line 5k from line 4		6	
7. Apportionment factor from Schedule I, line 14		7	
8. Income (loss) apportioned to Alaska. Multiply line 6 by line 7		8	
9. Non-business income (loss) net of expenses allocable to Alaska (attach schedule)		9	
Alaska Items	10a. Alaska capital and Section 1231 gain (loss) from Schedule J, line 20	10a	
	10b. Alaska charitable contribution deduction from Schedule K, line 10	10b	()
	10c. Alaska dividends-received deduction (see instructions)	10c	()
	10d. Total Alaska items. Add lines 10a–10c	10d	
11. Alaska taxable income (loss) before net operating loss. Add lines 8, 9, and 10d. Enter here and on Schedule A, line 1.		11	

EIN	Name
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SCHEDULE I – APPORTIONMENT FACTOR

Check all boxes that apply

- Taxpayer produces oil or gas in Alaska
- Taxpayer transports oil or gas in Alaska

- Attorney General's opinion dated 10/20/99 applies (factor relief for certain taxpayers)

Property

1. Property within Alaska

	A EIN	B Name	C Property within Alaska
1a			
1b			
1c			
1d			
1e			

2. Total of line 1 column C	2	
3. Property everywhere	3	
4. Property factor. Divide line 2 by line 3	4	

Oil and Gas Transportation Companies only, skip lines 5–8. Go to line 9.

Extraction

5. Extraction within Alaska

	A EIN	B Name	C Extraction within Alaska
5a			
5b			
5c			
5d			
5e			

6. Total of line 5 column C	6	
7. Extraction everywhere	7	
8. Extraction factor. Divide line 6 by line 7	8	

Oil and Gas Producing Companies only, skip lines 9–12. Go to line 13

Sales

9. Sales within Alaska

	A EIN	B Name	C Sales within Alaska
9a			
9b			
9c			
9d			
9e			

10. Total of line 9 column C	10	
11. Sales everywhere	11	
12. Sales factor. Divide line 10 by line 11	12	

13. Add lines 4, 8, and 12	13	
14. Apportionment factor. Divide line 13 by 3, or 2, as applicable	14	

EIN	Name
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SCHEDULE J – ALASKA CAPITAL AND SECTION 1231 GAINS AND LOSSES

	A Combined	B AK Factor	C Alaska Gain or (Loss)
Section 1231 Gains and Losses			
1. Current Section 1231 gains and (losses). If a loss, enter here and on line 19	1		
2. Alaska net non-recaptured Section 1231 losses from prior years. Enter as a positive number		2	
3. If line 1C is a gain, subtract line 2 from line 1C, but not less than zero. Enter here and on line 15		3	
4. If line 1C is a gain, enter the lesser of line 1C or line 2 here and on line 19, otherwise enter zero		4	
Short-Term Capital Gains and Losses – STCG/(L)			
5. Total current STCG/(L)	5		
6. Non-business STCG/(L)	6		
7. Apportionable STCG/(L). Subtract line 6 from line 5	7		
8. Non-business STCG/(L) allocable to Alaska		8	
9. Alaska capital loss carryover utilized (_____) carryback utilized (_____). Total		9	(_____)
10. Net STCG/(L), add lines 7C, 8, and 9		10	
Long-Term Capital Gains and Losses – LTCG/(L)			
11. Total current LTCG/(L)	11		
12. Non-business LTCG/(L)	12		
13. Apportionable LTCG/(L). Subtract line 12 from line 11	13		
14. Non-business LTCG/(L) allocable to Alaska		14	
15. Enter amount from line 3		15	
16. Net LTCG/(L). Add lines 13C, 14, and 15		16	
Summary			
17. Excess net short-term capital gain, line 10, over net long-term capital loss, line 16		17	
18. Alaska net capital gain. Excess net long-term capital gain, line 16, over net short-term capital loss, line 10. Enter here and on Schedule D, line 2		18	
19. If line 1C is a loss, enter here, otherwise enter the amount from line 4		19	
20. Add lines 17–19. Enter here and on Schedule G, line 10a		20	

SCHEDULE K – CHARITABLE CONTRIBUTION DEDUCTION

1. Current charitable contributions	1	
2. Education credit contributions from Form 6310, line 2	2	
3. Subtract line 2 from line 1	3	
4. Apportionment factor from Schedule I, line 14	4	
5. Current Alaska charitable contributions. Multiply line 3 by line 4	5	
6. Alaska charitable contribution carryover from Form 6385, line 18.	6	
7. Add lines 5–6	7	
8. Taxable income for deduction limitation purposes (see instructions)	8	
9. Multiply line 8 by 10%	9	
10. Alaska charitable contribution deduction. Enter the lesser of line 7 or line 9 here and on Schedule G, line 10b	10	

EIN	Name
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SCHEDULE L – ALASKA DIVIDENDS-RECEIVED DEDUCTION (DRD)

	1. Dividend income included in Schedule G, line 1	1	
Not Eligible	2a. Intercompany dividends from Schedule G, line 5e	2a	
	2b. Section 78 gross-up dividends from Schedule G, line 5f	2b	
	2c. Dividends subtracted on Schedule G, line 4i as non-business income	2c	
	2d. Total dividends not eligible for DRD. Add lines 2a–2c	2d	
	3. Total dividends eligible for DRD. Subtract line 2d from line 1	3	
	4. Apportionment factor from Schedule I, line 14	4	
	5. Apportioned dividends. Multiply line 3 by line 4	5	
	6. Dividends allocable to Alaska included on Schedule G, line 9	6	
	7. Total dividends included in taxable income. Add lines 5–6	7	

		A Apportioned Dividends	B Percentage	C DRD (A times B)
DRD	8a. Dividends qualifying for 100% deduction	8a	100%	
	8b. Dividends qualifying for 80% deduction	8b	80%	
	8c. Dividends qualifying for 70% deduction	8c	70%	
	8d. Dividends qualifying for 48% deduction	8d	48%	
	8e. Dividends qualifying for 42% deduction	8e	42%	
	8f. Other, if applicable. Enter % in column B	8f		

9. Tentative dividends-received deduction. Add lines 8a–8f, column C (see instructions)	9	
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