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|--|-------|---------------|---|--|
| Taxpayer Name (Name must be the same as on the mining license application) | | | Mining License Number | |
| <input type="checkbox"/> FEIN <input type="checkbox"/> SSN | | | If fiscal year filer, enter year-end Month _____ Year _____ | |
| Business Name (dba) | | | Business Phone Number | |
| Mailing Address <input type="checkbox"/> Check if new address | | | Return Information (Check if it applies): <input type="checkbox"/> Amended Return (Attach explanation) | |
| City | State | ZIP Code | | |
| Email Address | | | | |
| Contact Name | Title | Contact Phone | | |

| | | |
|--|---|--|
| 1. Taxable income from all mining operations (sum of all Schedule As, line 8) | 1 | |
| 2. Tax (see instructions) | 2 | |
| 3. Exploration incentive credit (attach Form 665) | 3 | |
| 4. Mining business education credit (from Schedule EC, line 6) | 4 | |
| 5. Tax before other credits (subtract lines 3 and 4 from line 2, but not less than zero) | 5 | |
| 6. Film production tax credit (cannot exceed line 5. Attach certificate or explanation of carry forward) | 6 | |
| 7. Amount paid with extension | 7 | |
| 8. Amended returns only. Amount previously paid | 8 | |
| 9. Net tax due or (overpayment) (subtract lines 6, 7 and 8 from line 5) | 9 | |

I declare under penalty of perjury that this return, including all accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct and complete return.

| | | |
|-----------|------------------------|------|
| Signature | Printed Name and Title | Date |
| | | |

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|---|--|
| <input type="checkbox"/> FEIN <input type="checkbox"/> SSN | Taxpayer Name |
| Mining License Number | Description and Location of Mining Operation |

Schedule A – Taxable Income from Mining Operation

(Use a separate Schedule A to calculate the income for each mining operation)

| | | |
|--|---|--|
| 1. Gross income from mining operation | 1 | |
| 2. Royalties received (from Schedule F, line 6). | 2 | |
| 3. Depletion deduction (from Schedule B, line 16). | 3 | |
| 4. Direct mining expenses (from Schedule C, line 10. If there is income on line 2, enter zero) | 4 | |
| 5. Indirect mining expenses (from Schedule C, line 22. If there is income on line 2, enter zero) | 5 | |
| 6. Net income from mining operation (subtract lines 3 through 5 from the sum of lines 1 and 2) | 6 | |
| 7. Exemption for new mining operation (see instructions) | 7 | |
| 8. Taxable income from mining operation (line 6 less line 7). | 8 | |

Schedule B – Depletion Deduction

(Attributable to mining operation identified above)

| | | |
|---|---|--|
| Cost Depletion Calculation | | |
| 1. Cost or basis of mining property (less residual value). | 1 | |
| 2. Estimated recoverable units at beginning of tax year (include units previously produced, but not sold) | 2 | |
| 3. Unit cost (divide line 1 by line 2) | 3 | |
| 4. Number of units sold this tax period | 4 | |
| 5. Cost depletion deduction (multiply line 3 by line 4). | 5 | |

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| Percentage Depletion Calculation | | |
| 6. Gross income and royalties received from mining operations (sum of Schedule A, lines 1 and 2). | 6 | |
| 7. Royalties paid (Schedule E, line 6). | 7 | |
| 8. Depletion base (line 6 minus line 7) | 8 | |
| 9. Applicable depletion percentage from below * | 9 | |
| 10. Percentage depletion (multiply line 8 by line 9). | 10 | |
| 11. Gross income and royalties received from mining operations (sum of Schedule A, lines 1 and 2). | 11 | |
| 12. Allowable deductions (sum of Schedule A, lines 4 and 5). | 12 | |
| 13. Net income before depletion (line 11 minus line 12) | 13 | |
| 14. Limitation (multiply line 13 by 50%) | 14 | |
| 15. Enter amount from line 10 or line 14, whichever is less | 15 | |
| 16. Depletion deduction (enter amount from line 5 or 15, whichever is greater, here and on Schedule A, line 3) | 16 | |

*** Depletion percentages to be used on line 9 above:**
 10% Coal mines
 15% Metal mines, flourspar, flake graphite, vermiculite, beryl, feldspar, mica, talc, lepidolite, spodumene, barite, ball and sagger clay, or rock asphalt mines and potash mines or deposits
 23% Sulphur mines or deposits

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|---|--|
| <input type="checkbox"/> FEIN <input type="checkbox"/> SSN | Taxpayer Name |
| Mining License Number | Description and Location of Mining Operation |

Schedule C – Mining Expenses

(Note: Royalty recipients cannot take any expense except for depletion)

(Submit a separate Schedule C for each mining operation. See instructions)

| Direct Expenses | | |
|--|----|--|
| 1. Royalties paid (from Schedule E, line 6) | 1 | |
| 2. Fuel and oil | 2 | |
| 3. Current development costs | 3 | |
| 4. Extraction costs | 4 | |
| 5. Maintenance and repairs. | 5 | |
| 6. Salaries and wages | 6 | |
| 7. Transportation costs | 7 | |
| 8. Depreciation | 8 | |
| 9. Other expenses (attach schedule). | 9 | |
| 10. Total direct mining expenses for this operation (add lines 1 through 9. Enter here and on Schedule A, line 4). | 10 | |
| 11. Direct mining expenses of all other mining operations (add line 10 of all other Schedule Cs) | 11 | |
| 12. Total direct mining expenses of all mining operations (add lines 10 and 11). | 12 | |
| 13. Total direct non-mining expenses from all non-mining activities | 13 | |
| 14. Total direct mining and non-mining expenses (add lines 12 and 13) | 14 | |
| 15. Direct mining expenses as a percentage of total direct expenses (divide line 12 by line 14). | 15 | |

Indirect Expenses Allocation

(If there are no indirect expenses to be allocated, you may leave lines 16-22 blank)

| | | |
|---|----|--|
| 16. Total indirect expenses (from Schedule D, line 12). | 16 | |
| 17. Indirect expenses allocated to mining operations (multiply line 16 by line 15) | 17 | |
| 18. Total current year production from this mining operation | 18 | |
| 19. Total current year production from all other mining operations (add line 18 of all other Schedule Cs) | 19 | |
| 20. Total current year production of all mining operations (add lines 18 and 19) | 20 | |
| 21. This operation's percentage of total current year production (divide line 18 by line 20) | 21 | |
| 22. Total indirect expenses allocated to this property (multiply line 17 by line 21. Enter the result here and on Schedule A, line 5) | 22 | |

FEIN
 SSN

Taxpayer Name

Schedule D – Indirect Expenses

(Note: Royalty recipients cannot take any expense except for depletion)

(Submit only **one** Schedule D with Form 662. Include indirect expenses from all mining and non-mining operations. See instructions)

| | | |
|---|----|--|
| 1. Advertising | 1 | |
| 2. Insurance | 2 | |
| 3. Interest on business debt | 3 | |
| 4. Legal and professional fees | 4 | |
| 5. Office supplies, repairs and maintenance | 5 | |
| 6. Rent. | 6 | |
| 7. Taxes (other than federal income tax and Alaska mining tax) | 7 | |
| 8. Travel and entertainment | 8 | |
| 9. Utilities and telephone | 9 | |
| 10. Depreciation | 10 | |
| 11. Other expenses (attach schedule) | 11 | |
| 12. Total indirect expenses (add lines 1 through 11. Enter the result here and on each Schedule C, line 16) | 12 | |

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| <input type="checkbox"/> FEIN <input type="checkbox"/> SSN | Taxpayer Name |
| Mining License Number | Description and Location of Mining Operation |

Schedule E – Royalties Paid to Owner/Lessor

(See instructions. Report in U.S. dollars)

| Name and Address of Each Lessor | | | Amount Paid |
|---------------------------------|---|-------|-------------|
| 1. | Federal ID <input type="checkbox"/> FEIN <input type="checkbox"/> SSN | | \$ _____ |
| | Name | | |
| | Mailing Address | | |
| | City | State | |
| 2. | Federal ID <input type="checkbox"/> FEIN <input type="checkbox"/> SSN | | \$ _____ |
| | Name | | |
| | Mailing Address | | |
| | City | State | |
| 3. | Federal ID <input type="checkbox"/> FEIN <input type="checkbox"/> SSN | | \$ _____ |
| | Name | | |
| | Mailing Address | | |
| | City | State | |
| 4. | Federal ID <input type="checkbox"/> FEIN <input type="checkbox"/> SSN | | \$ _____ |
| | Name | | |
| | Mailing Address | | |
| | City | State | |
| 5. | Federal ID <input type="checkbox"/> FEIN <input type="checkbox"/> SSN | | \$ _____ |
| | Name | | |
| | Mailing Address | | |
| | City | State | |
| 6. | Total royalties paid. Add amounts paid and enter the result here, on Schedule C, line 1, and on Schedule B, line 7 of the appropriate mining operation. | | 6 |

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|---|--|
| <input type="checkbox"/> FEIN <input type="checkbox"/> SSN | Taxpayer Name |
| Mining License Number | Description and Location of Mining Operation |

Schedule F – Royalties Received from Operator/Lessee

(See instructions. Report in U.S. dollars)

| Name and Address of Each Lessee | | | Amount Received |
|---------------------------------|--|-------|-----------------|
| 1. | Federal ID <input type="checkbox"/> FEIN <input type="checkbox"/> SSN | | \$ _____ |
| | Name | | |
| | Mailing Address | | |
| | City | State | |
| 2. | Federal ID <input type="checkbox"/> FEIN <input type="checkbox"/> SSN | | \$ _____ |
| | Name | | |
| | Mailing Address | | |
| | City | State | |
| 3. | Federal ID <input type="checkbox"/> FEIN <input type="checkbox"/> SSN | | \$ _____ |
| | Name | | |
| | Mailing Address | | |
| | City | State | |
| 4. | Federal ID <input type="checkbox"/> FEIN <input type="checkbox"/> SSN | | \$ _____ |
| | Name | | |
| | Mailing Address | | |
| | City | State | |
| 5. | Federal ID <input type="checkbox"/> FEIN <input type="checkbox"/> SSN | | \$ _____ |
| | Name | | |
| | Mailing Address | | |
| | City | State | |
| 6. | Total royalties received. Add amounts received and enter results here and on Schedule A, line 2 of the appropriate mining operation- | | 6 |

| | |
|---|---------------|
| <input type="checkbox"/> FEIN <input type="checkbox"/> SSN | Taxpayer Name |
|---|---------------|

Schedule EC – Mining Business Education Credit

| Recipient | Date | Amount |
|-----------|------|--------|
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| 1. Total qualified contribution(s) | 1 | |
| 2. Multiply by 50% the lesser of line 1 or \$100,000 | 2 | |
| 3. Enter 100% of the next \$200,000 of contributions. | 3 | |
| 4. Enter 50% of the contributions that exceed \$300,000. | 4 | |
| 5. Total credit. Add lines 2, 3, and 4 | 5 | |
| 6. Total allowable credit. Enter here and on page 1, line 4 (Form 662) or page 1, line 19 (Form 662SF), the lesser of line 5 above or the total tax reduced by total exploration incentive credits or \$5,000,000. | 6 | |

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| <p>Explanation of Credit. Subject to limitations below, a taxpayer is allowed a credit for cash contributions accepted by an Alaska university foundation or by a nonprofit (public or private) Alaska two-year or four-year college accredited by a regional accreditation association for direct instruction, research, and educational support purposes, including library and museum acquisitions, and contributions to endowment; by a nonprofit (public or private) Alaska two-year or four-year college accredited by a regional accreditation association for a facility or annual intercollegiate sports tournament; by a school district in the state for secondary school level vocational education courses, programs and facilities; by a state-operated vocational technical education and training school for vocational education courses, programs and facilities; by a nonprofit agency for Alaska Native cultural/heritage programs and educational support, including mentoring and tutoring, for public school staff and for students in grades kindergarten through 12 in the state; and by an institution that is located in the state and qualifies as a coastal ecosystem learning center under the Coastal American Partnership established by the federal government for education, research, rehabilitation, and facilities.</p> | <p>Limitation. The Education Credit is limited to 50% of the first \$100,000, 100% of the next \$200,000 and 50% of contributions that exceed \$300,000. Contributions claimed as a credit on this return cannot be claimed as a credit against other Alaska taxes. The total allowable credit may not exceed \$5 million. If a taxpayer is a member of an affiliated group (see AS 43.20.145), then the total amount of credits may not exceed \$5 million for the affiliated group.</p> |
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