

ALASKA CORPORATION NET INCOME TAX RETURN

1997

For the calendar year 1997 or the taxable year beginning \_\_\_\_\_, 1997 and ending \_\_\_\_\_, 19\_\_\_\_\_.

DEPARTMENT USE ONLY				

Federal EIN		Alaska Commerce ID #		SIC		Alaska Business License #	
Name				Telephone Number			
Mailing Address				Fax Number			
City		State		Zip Code		E-Mail Address	
Contact Person		Title		Contact Telephone Number			

Check applicable boxes: <input type="checkbox"/> Final Alaska return <input type="checkbox"/> Address change since last year <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Exempt organization (see instructions) <input type="checkbox"/> S-Corporation (Attach 1120S) <input type="checkbox"/> Homeowners Association (Attach 1120H)	<b>RETURN DATA</b>	
	Yes <input type="checkbox"/> No <input type="checkbox"/> (Check Yes or No)	1. Is a federal extension in effect? If yes, attach copy of Form 7004. <input type="checkbox"/> <input type="checkbox"/> 2. Is this an information report for an inactive corporation? (see instructions) <input type="checkbox"/> <input type="checkbox"/> 3. Is this a non-affiliated corporation doing business only in Alaska with an apportionment factor of 1.00? Note: If yes, use Short Form 04-611SF. <input type="checkbox"/> <input type="checkbox"/> 4. Is this a water's edge combination? See AS 43.20.073. If yes, Schedule B, question #1 must be completed. <input type="checkbox"/> <input type="checkbox"/> 5. Is this a consolidated Alaska return including more than one corporation with Alaska business activity? If yes, complete Schedule B, question #1. <input type="checkbox"/> <input type="checkbox"/> 6. Are any business activities conducted by a member of the affiliated group excluded from the combined report as a non-unitary business activities? <input type="checkbox"/> <input type="checkbox"/>

► SCHEDULE A - NET INCOME TAX SUMMARY

	DEPT USE ONLY	
1. Alaska income (loss) from applicable Schedule H .....	1	
2. Alaska net operating loss deduction (attach schedule) .....	2	NL
3. Alaska taxable income. Subtract line 2 from line 1 .....	3	TI
4. Alaska income tax from Schedule D, line 9 .....	4	TX
5. Other taxes from Schedule E, line 6 .....	5	OT
6. Federal-based credits from Schedule F, line 16 .....	6	( ) CR
7. Total Tax. Sum of lines 4, 5 and 6 .....	7	
8. Incentive Credits (see instructions on page 6) .....	8	( ) IC
9. Alaska Education Credit from Schedule G, line 4 .....	9	( ) EC
10. Net Alaska income tax (line 7, net of lines 8 and 9) .....	10	NT
11. Payments from Page 3, Schedule C .....	11	PT
12. Tax due. If line 10 is larger than line 11, enter amount of tax due .....	12	
13. Overpayment. If line 11 is larger than line 10, enter amount overpaid .....	13	
14. Penalty for underpayment of estimated tax (Form 04-708, line 18, see instructions) ..	14	UP
15. Penalty for failure to file (see instructions on page 5) .....	15	PF
16. Penalty for failure to pay (see instructions on page 5) .....	16	PP
17. Interest (see instructions on page 5) .....	17	IN
18. Total amount due (overpaid). Line 12 plus lines 14-17, or line 13 less lines 14-17 ...	18	
19. Overpayment credited to 1998 estimated tax .....	19	CF
20. Refund (line 18 reduced by line 19) .....	20	RF

Check here if you do not need to receive a corporate tax forms booklet next year.

I declare, under penalties 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.				<b>DEPT USE ONLY</b>	
Officer's Signature		Date	Title		CFWD
Preparer's Signature		Date	Check if self-employed <input type="checkbox"/>	Preparer's social security number	
Firm's name (or yours if self-employed) and address		E.I. No.		APPROVED	
		Zip Code			
DATE					

<b>NAME:</b>	<b>EIN:</b>
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**TAX RATE SCHEDULE (AS 43.20.011)**

<i>If your Alaska taxable income is:</i>		(5) <b>Of The Amount Over</b>		
(1) <b>At Least</b>	(2) <b>But Less Than</b>	(3) <b>Your Tax Is</b>	(4) <b>Plus</b>	(5) <b>Of The Amount Over</b>
-0-	10,000	-0-	1%	-0-
10,000	20,000	100	2%	10,000
20,000	30,000	300	3%	20,000
30,000	40,000	600	4%	30,000
40,000	50,000	1,000	5%	40,000
50,000	60,000	1,500	6%	50,000
60,000	70,000	2,100	7%	60,000
70,000	80,000	2,800	8%	70,000
80,000	90,000	3,600	9%	80,000
90,000 or More		4,500	9.4%	90,000

**SCHEDULE C  
TAX PAYMENT RECORD**

Estimated Payments	Date	Amount
(1) 04-711		
(2) 04-711		
(3) 04-711		
(4) 04-711		
Tentative Tax 04-709		
Overpayment From Prior Year		
Apply Nonresident Affidavit Cash Security		
Less: Quick Refund (Form 4466)		( )
Total Payments to Schedule A Line 11		\$

**SCHEDULE D - ALASKA TAX COMPUTATION**

	A	B
1. Alaska taxable income from Schedule A, line 3 .....	1	
2. Net capital gain .....	2	
3. Alaska apportionment factor from Schedule I, line 21 .....	3	
4. Apportioned net capital gain. Multiply line 2 by line 3 .....	4	
5. Ordinary income. Subtract line 4 from line 1. If less than zero, enter zero .....	5	
6. To compute the tax on ordinary income, apply the amount on line 5 to the Tax Rate Schedule		
(a) Tax from column 3 of the Tax Rate Schedule .....	6a	
(b) Ordinary income from line 5 above .....	6b	
(c) Amount from column 5 of the Tax Rate Schedule .....	6c	
(d) Excess. Subtract line 6c from line 6b .....	6d	
(e) Percent from column 4 of the Tax Rate Schedule .....	6e	
(f) Multiply line 6(d) by line 6e .....	6f	
(g) Tax on ordinary income. Add lines 6a and 6f .....	6g	
7. Tax on net capital gain. Multiply line 4 by 4.5% .....	7	
8. Alaska income tax. Add lines 6g and 7 .....	8	
9. Enter the lesser of line 8, column A or B here and on Schedule A, line 4 .....	9	

**SCHEDULE E - OTHER TAXES  
(AS 43.20.021)**

	A			B
1. Alternative minimum tax from federal Form 4626 .....	1a	x 18%		1b
2. Credit for prior year minimum tax from Form 1120, Schedule J, line 4e .....	2a	x 18%		2b ( )
3. Other federal taxes (attach schedule) .....	3a	x 18%		3b
4. Total other taxes. Add lines 1b through 3b .....				4
5. Alaska apportionment factor, from Schedule I, line 21 .....				5
6. Multiply line 4 by line 5. Enter here and on Schedule A, line 5 .....				6

<b>NAME:</b>	<b>EIN:</b>
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### SCHEDULE F - CREDITS

1. Current year general business credit			
(a) Current year federal general business credit. (line 1n, Part I, federal Form 3800) .....	▼	▶	1a
(b) Current year federal investment tax credit (line 5, Part I, federal Form 3468) .....	1b		
(c) Current year credit for employer social security and Medicare taxes paid on certain employee tips (line 1j, Part I, federal Form 3800) .....	1c		
(d) Current year trans-Alaska pipeline liability fund credit (line 1m, Part I, federal Form 3800) .....	1d		
(e) Total of lines 1b through 1d .....			1e
(f) Current year general business credit. (Subtract line 1e from 1a) .....		▶	1f
2. Alaska apportionment factor from Schedule I, line 21 .....			2
3. Multiply line 1f by line 2 .....			3
4. Multiply line 3 by 18% .....			4
5. Alaska general business credit carryover (attach schedule) .....		▶	5
6. Tentative general business credit. Add lines 4 and 5 .....			6
7. Alaska income tax from Schedule A, line 4 .....			7
8. Other federal-based credits that reduce regular tax before the general business credit	▼		
(a) Nonconventional source fuel credit .....	8a		
(b) Qualified electric vehicle credit (line 9, federal Form 8834) .....	8b		
(c) Total other federal-based credits. Add lines 8a and 8b .....			8c
9. Multiply line 8c by line 2 .....			9
10. Multiply line 9 by 18% .....			10
11. Enter smaller of line 7 or line 10 .....			11
12. Subtract line 11 from line 7 .....			12
13. If line 12 is greater than \$4,500, enter 25% of the excess .....			13
14. Subtract line 13 from line 12 .....			14
15. Enter lesser of line 6 or line 14 .....			15
16. Total federal-based credits allowed. Add lines 11 and 15 and enter on Schedule A, line 6 .....		▶	16
17. Alaska general business credit carryforward: Subtract line 15 from line 6 (but not less than zero) .....	▶		17

### SCHEDULE G — ALASKA EDUCATION CREDIT (AS 43.20.014)

A taxpayer is allowed a credit for cash contributions accepted for direct instruction, research and educational support purposes, including library and museum acquisitions. Contributions accepted for endowment purposes are also eligible for the credit. The contribution must be given to an accredited, nonprofit, two or four year public or private college or university in Alaska. Attach a schedule if more than four contributions were made. The Alaska education credit may not exceed \$150,000. A corresponding deduction for the gross qualified contribution (line 1 amount below) is not allowed under 26 U.S.C. 170 for purposes of this return.

Payor	Name of College or University	Contribution(s)	
		Date	Amount

1. Total qualified contributions. Enter the total of the qualified contributions but not more than \$200,000. Enter here and on Form 04-611 Schedule H (Water's Edge line 6c or Non-affiliated line 2c) or Form 04-611SF Schedule B line 2b .....			1
2. Enter lesser of \$50,000 or 50% of line 1 .....			2
3. Subtract \$100,000 from line 1. If less than zero, enter zero. Do not enter more than \$100,000 .....			3
4. Total Alaska education credit. Add lines 2 and 3; enter here and on Schedule A, line 9 (maximum: \$150,000) But not more than the total tax reduced by incentive credits (Schedule A, line 7 less line 8) .....			4

## SCHEDULE H — WATER'S EDGE COMPUTATION OF ALASKA INCOME

1. Federal taxable income, Form 1120, line 28, or Form 1120A, line 24, as actually filed by taxpayer or consolidated group .....		▶	1
2. Additions (Attach schedule - by company):			
(a) Form 1120, line 28 of U.S. domestic unitary corporations required to file U.S. tax return but not included in line 1 .....	2a		
(b) Income of other non-tax haven unitary corporations not included in line 1 or 2a .....	2b		
(c) Income of tax haven corporations .....	2c		
(d) DISC federal taxable income .....	2d		
(e) FSC profit before federal exclusion .....	2e		
(f) Intercompany eliminations (See instructions on page 7) .....	2f		
(g) Total additions (add lines 2a through 2f) .....	2g		
3. Total. Add lines 1 and 2g .....	3		
4. Subtractions:			
(a) Form 1120, line 28, federal taxable income of non-unitary corporations included in lines 1 or 2a (attach schedule - by company) .....	4a		
(b) Unitary corporations included in lines 1 or 2 whose average U.S. factors are under 20% and meet the requirements of IRC 861(c) (attach schedule - by company) .....	4b		
(c) 80% of dividends received by a member of the water's edge group from foreign corporations that are not included in the water's edge group .....	4c		
(d) Foreign dividend gross-up, Form 1120, Schedule C, to the extent not excluded in 4c .....	4d		
(e) 80% of royalties accrued or received by a member of the water's edge group from foreign corporations not included in the water's edge group .....	4e		
(f) Total subtractions (add lines 4a through 4e) .....	4f		
5. Total. Subtract line 4f from line 3 .....	5		
6. Modification additions with respect to members of the water's edge group:			
(a) All taxes based on or measured by net income .....	6a		
(b) Expenses incurred to produce non-apportionable income and income allocated to other states .....	6b		
(c) Other (attach schedule) .....	6c		
(d) Total modification additions (add lines 6a through 6c) .....	6d		
7. Total. Add line 6d and line 5 .....	7		
8. Modification subtractions with respect to members of the water's edge group:			
(a) Interest from obligations of the United States .....	8a		
(b) Allocable income (attach schedule) .....	8b		
(c) Intercompany dividends between members of the water's edge group (attach schedule) .....	8c		
(d) Special deductions from Form 1120, Schedule C, to the extent dividends are not otherwise eliminated or excluded. Add back special deductions for foreign dividends which exceed 80%. (attach schedule) .....	8d		
(e) Other (attach schedule) .....	8e		
(f) Total modification subtractions (add lines 8a through 8e) .....	8f		
9. Total apportionable income (loss). Subtract line 8f from line 7 .....	9		
10. Apportionment factor from Schedule I, line 21 .....	10		
11. Income (loss) apportioned to Alaska (line 9 times line 10) .....	11		
12. Income (loss) allocated to Alaska (attach schedule) .....	12		
13. Alaska income (loss). Add lines 11 and 12. Enter here and on Schedule A, line 1. ....	13		

<b>NAME:</b>	<b>EIN:</b>
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**SCHEDULE H - NON-AFFILIATED COMPUTATION OF ALASKA INCOME**  
To be used by Non-affiliated Corporations only

1. Federal taxable income, Form 1120, line 28 or Form 1120A, line 24, as actually filed .....		1	
2. Additions: (a) All taxes based on or measured by net income .....	2a		
	2b		
	2c		
	2d		
3. Total. Add lines 1 and 2d .....		3	
4. Subtractions: (a) Interest from obligations of the United States .....	4a		
	4b		
	4c		
	4d		
	4e		
5. Total apportionable income (loss). Subtract line 4e from line 3 .....		5	
6. Apportionment factor from Schedule I, line 21 .....		6	
7. Income (loss) apportioned to Alaska (line 5 times line 6) .....		7	
8. Income (loss) allocated to Alaska (attach schedule) .....		8	
9. Alaska income (loss). Add lines 7 and 8. Enter here and on Schedule A, line 1 .....		9	

▶ **SCHEDULE I - APPORTIONMENT FACTOR**

**PROPERTY FACTOR DETAIL**

	A		B	
	Alaska Property		Total Property	
1. Inventories .....	1a		1b	
2. Depletable assets (net) .....	2a		2b	
3. Land .....	3a		3b	
4. Buildings and other depreciable assets .....	4a		4b	
5. Other real and tangible personal property .....	5a		5b	
6. Less construction in progress .....	6a	( )	6b	( )
7. Annual rental expense (times 8) .....	7a		7b	
8. Totals (sum of lines 1 through 7) .....	8a		8b	
9. Alaska property factor (column A, line 8, divided by column B, line 8, round to 6 decimal places) .....		9	.	

**PAYROLL FACTOR DETAIL**

		Alaska Payroll		Total Payroll
10. Total salaries and wages, including commissions and officer compensation .....	10a		10b	
11. Alaska payroll factor (column A, line 10, divided by column B, line 10, round to 6 decimal places) .....		11	.	

**SALES FACTOR DETAIL**

		Alaska Sales		Total Sales
12. Gross receipts from operations .....	12a		12b	
13. Gross receipts from sales and exchanges of tangible assets .....	13a		13b	
14. Gross receipts from sales and exchanges of intangible assets .....	14a		14b	
15. Sales to US government .....	15a		15b	
16. Sales from Alaska where the seller is not taxed in the destination state or country .....	16a		16b	
17. Other receipts .....	17a		17b	
18. Total receipts (sum of lines 12 through 17) .....	18a		18b	
19. Alaska sales factor (column A, line 18, divided by column B, line 18, round to 6 decimal places) .....		19	.	

**FACTOR SUMMARY**

			Factor	
20. Total of factors (Add lines 9, 11 and 19) .....	20	.		
21. Alaska apportionment factor. Divide line 20 by 3 (If less than 3 factors are used, see instructions) .....	21	.		

NAME:	EIN:
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**UNDERPAYMENT OF ESTIMATED TAX BY CORPORATIONS**  
*Attach to your tax return*

**PART 1. How to compute the underpayment.**

1. Net income tax from Schedule A, line 10, Form 04-611 or 04-611SF .....				
2. Personal holding company tax included in Schedule D, line 6g, Form 04-611 or line 4, Form 04-611SF .....				
3. Subtract line 2 from line 1. If the result is less than \$500, do not complete the rest of this form. No penalty is due .....				
4. (a) Enter 100% of line 3 .....				
(b) Enter 100% of the tax shown on your return for the previous year if tax was reported (See instructions) .....				
(c) Enter the lesser of line 4(a) or line 4(b) .....				
5. Enter in columns A through D the installment due dates (the 15th day of the 4th, 6th, 9th and 12th months of the tax year) .....	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
6. Enter 25% of line 4(c) in columns A through D unless (a) or (b) below applies to the corporation:				
(a) If you use the annualized income installment method and/or the adjusted seasonal installment method, check here <input type="checkbox"/> and enter the required installment. (Attach federal worksheet with Alaska numbers) .....				
(b) If you are a "large corporation," check this box <input type="checkbox"/> and see the instructions for the amount to enter in each column of line 6 .....				
7. Amount paid or credited for each period (For column A only, enter the amount from line 7 on line 11) .....				
<i>Complete lines 8 through 14 for one column before completing the next column.</i>				
8. Enter the amount, if any, from line 14 of the previous column .....				
9. Add lines 7 and 8 .....				
10. Add amounts on lines 12 and 13 of the preceding column .....				
11. Subtract line 10 from line 9. If less than zero, enter zero. (For column A only, enter the amount from line 7) .....				
12. Remaining underpayment from previous period. If the amount on line 11 is zero, subtract line 9 from line 10 and enter the result. Otherwise, enter zero .....				
13. <b>Underpayment.</b> If line 11 is less than or equal to line 6, subtract line 11 from line 6, enter the result, compute the penalty in Part 2, and then go to line 8 of the next column. Otherwise, go to line 14 .....				
14. <b>Overpayment.</b> If line 6 is less than line 11, subtract line 6 from line 11 and enter the result. Then go to line 8 of the next column .....				
<b>PART 2. How to compute the penalty.</b>				
15. Enter the date of payment or the 15th day of the 3rd month after the close of the tax year, whichever is earlier. (See instructions) .....				
16. Number of days from the due date of the installment on line 5 to the date shown on line 15 .....				
17. Number of days on line 16 divided by the number of days in the tax year times the applicable rate (see instructions) times the amount on line 13 .....	\$	\$	\$	\$
18. Add amounts on line 17, columns A through D. Enter here and on Schedule A, line 14 of Form 04-611 or 04-611SF .....				\$

**AMENDED ALASKA CORPORATION NET INCOME TAX RETURN**

DEPARTMENT USE ONLY			
FSN:			
Federal EIN		EIN used on original return, if different	
Name		Telephone Number	
Mailing Address		Fax Number	
City	State	Zip Code	E-Mail Address
Contact Person	Title		Contact Telephone Number
Name used on original return, if different from above		Is the corporation currently under audit by the Alaska Department of Revenue?	YES      NO

Note: Complete Part III only to carry back net operating losses and net capital losses

**PART I. ALASKA TAX SUMMARY**

	(a) As originally reported or as adjusted	(b) Net change (Explain in Part II)	(c) Correct amount	DEPARTMENT USE ONLY
1. Apportionable income .....				
2. Alaska apportionment factor .....				AF
3. Alaska apportioned income .....				
4. Additions to apportioned income .....				
5. Total. Add lines 3 and 4 .....				
6. Subtractions from apportioned income:				NL
(a) Alaska net operating loss deduction .....				
(b) Other .....				
(c) Total. Add lines 6(a) and 6(b) .....				
7. Alaska Taxable Income. Subtract line 6(c) from line 5.				TI
8. Alaska income tax .....				TX
9. Total credits .....				CR
10. Subtract line 9 from line 8 .....				
11. Other taxes .....				OT
12. Net income tax. Add lines 10 and 11 .....				NT
13. Net payments. (Total previous payments less total previous refunds, credits, penalties and interest)				PT
14. (a) If tax on line 12, column (c) is larger than net payments on line 13, enter tax due .....				
(b) Interest on amount on line 14(a) from ___/___/___ to ___/___/___ (See instructions for interest rates) .....				IN
(c) Total amount due .....				
15. If prepayments on line 13 are larger than tax on line 12, column (c), enter overpayment .....				RF

**ADDITIONAL REQUIRED INFORMATION.** A complete copy of the federal amended return, if filed, must be provided to constitute a complete amended return.

I declare, under penalties of perjury, that an original return has been filed for this corporation and that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief this amended return is true, correct, and complete. If prepared by a person other than the taxpayer, preparer's declaration is based on all information of which preparer has knowledge.

Officer's Signature	Date	Title		DEPT USE ONLY
Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's social security number	
Firm's name (or yours if self-employed) _____ and address		EIN		
		Zip Code		
				CFWD
				REFUND
				APPROVED
				DATE

**PART II. EXPLANATION OF CHANGES**

**PART III. APPLICATION FOR TENTATIVE REFUND** BASED ON CARRYBACK OF NET OPERATING LOSS OR CAPITAL LOSS

Name		Federal EIN	Telephone Number	
Mailing Address			Fax Number	
City	State	Zip Code	E-Mail Address	
Contact Person	Title		Contact Telephone Number	
Name used on original return, if different from above		Is the corporation currently under audit by the Alaska Department of Revenue?	YES	NO

1. This application is to carry back:

a. Net operating loss	
b. Net capital loss	

2. Loss year ..... Tax Year ended

DEPARTMENT USE ONLY		
FSN:	FSN:	FSN:

☞ Taxpayer Completes The Following: ☞

**Computation of Decrease in Tax**

	3rd preceding tax year		2nd preceding tax year		1st preceding tax year	
	(a) Before Carryback	(b) After Carryback	(c) Before Carryback	(d) After Carryback	(e) Before Carryback	(f) After Carryback
3. Taxable income from tax return .....						
4. Net capital loss deduction .....						
5. Subtract line 4 from line 3 .....						
6. Net operating loss deduction after carryback .....						
7. Taxable income. Subtract line 6 from line 5 .....						
8. Income Tax .....						
9. Credits .....						
10. Other taxes .....						
11. Net income tax. Subtract line 9 from line 8 and add line 10 .....						
12. Net payments. (Total previous payments less total previous refunds, credits, penalties and interest) .....						
13. Enter amounts from line 11, columns (b), (d) and (f) .....						
14. Net Overpayment. Subtract line 13 from line 12 ....						
15. Total refund claimed .....						

I declare, under penalties of perjury, that I have examined this application and accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. If prepared by a person other than the taxpayer, preparer's declaration is based on all information of which preparer has knowledge.

Officer's Signature	Date	Title		<b>DEPT USE ONLY</b>
Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's social security number	
Firm's name (or yours if self-employed) _____		EIN		
and address _____		Zip Code		
				CFWD
				REFUND
				APPROVED
				DATE

DEPT USE ONLY  
Validation Number:



<b>Form 04-711 (Regular and Water's Edge Corporation)</b> <b>Payment of Estimated Alaska Corporation Net Income Tax</b>		<b>Important: To insure proper credit, use the same Name and EIN that will be used on the return.</b>
Date	Employer Identification Number	<input type="checkbox"/> Calendar year 1998 <input type="checkbox"/> Fiscal year ending ___/___/___ <input type="checkbox"/> Other: Begin _____, 19__ End _____, 19__
Name of Corporation		
Mailing Address		
City, State, Zip Code		Installment Number (Choose appropriate box) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
First Year Doing Business in Alaska	Total Estimated Tax	Installment Amount
	\$	\$

ALASKA DEPARTMENT OF REVENUE  
PO BOX 110420  
JUNEAU, ALASKA 99811-0420

*For Department Use Only*

*Date received*

PMD:

Validation Number:

Form 04-711 (Revised 11/97) THIS FORM MUST ACCOMPANY ESTIMATED PAYMENTS

<b>Form 04-711 (Regular and Water's Edge Corporation)</b> <b>Payment of Estimated Alaska Corporation Net Income Tax</b>		<b>Important: To insure proper credit, use the same Name and EIN that will be used on the return.</b>
Date	Employer Identification Number	<input type="checkbox"/> Calendar year 1998 <input type="checkbox"/> Fiscal year ending ___/___/___ <input type="checkbox"/> Other: Begin _____, 19__ End _____, 19__
Name of Corporation		
Mailing Address		
City, State, Zip Code		Installment Number (Choose appropriate box) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
First Year Doing Business in Alaska	Total Estimated Tax	Installment Amount
	\$	\$

ALASKA DEPARTMENT OF REVENUE  
PO BOX 110420  
JUNEAU, ALASKA 99811-0420

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*Date received*

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Form 04-711 (Revised 11/97) THIS FORM MUST ACCOMPANY ESTIMATED PAYMENTS

<b>Form 04-711 (Regular and Water's Edge Corporation)</b> <b>Payment of Estimated Alaska Corporation Net Income Tax</b>		<b>Important: To insure proper credit, use the same Name and EIN that will be used on the return.</b>
Date	Employer Identification Number	<input type="checkbox"/> Calendar year 1998 <input type="checkbox"/> Fiscal year ending ___/___/___ <input type="checkbox"/> Other: Begin _____, 19__ End _____, 19__
Name of Corporation		
Mailing Address		
City, State, Zip Code		Installment Number (Choose appropriate box) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
First Year Doing Business in Alaska	Total Estimated Tax	Installment Amount
	\$	\$

ALASKA DEPARTMENT OF REVENUE  
PO BOX 110420  
JUNEAU, ALASKA 99811-0420

*For Department Use Only*

*Date received*

PMD:

Validation Number:

<b>Form 04-711 (Regular and Water's Edge Corporation)</b> <b>Payment of Estimated Alaska Corporation Net Income Tax</b>		<b>Important: To insure proper credit, use the same Name and EIN that will be used on the return.</b>
Date	Employer Identification Number	<input type="checkbox"/> Calendar year 1998 <input type="checkbox"/> Fiscal year ending ___/___/___ <input type="checkbox"/> Other: Begin _____, 19___ End _____, 19___
Name of Corporation		
Mailing Address		
City, State, Zip Code		<b>Installment Number</b> (Check appropriate box) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
First Year Doing Business in Alaska	Total Estimated Tax \$	Installment Amount \$

ALASKA DEPARTMENT OF REVENUE  
PO BOX 110420  
JUNEAU, ALASKA 99811-0420

**For Department Use Only**

*Date received*

PMD:

Validation Number:

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Form 04-711 (Revised 11/97)

THIS FORM MUST ACCOMPANY ESTIMATED PAYMENTS

*This voucher is to be used to pay tax due with extension of time to file 1997 return.*

<b>Form 04-709 (Regular and Water's Edge Corporation)</b> <b>Payment of Tentative Alaska Corporation Net Income Tax</b>		<b>Important: To insure proper credit, use the same Name and EIN that will be used on the return.</b>
<b>PAYMENT DUE DATE</b> The 15th day of the third month following the end of the tax year (e.g. March 15 for calendar year taxpayers) <b>IMPORTANT:</b> To insure proper credit, use the same Name and EIN that will be used on the return.		<input type="checkbox"/> Calendar year 1997 <input type="checkbox"/> Fiscal year ending ___/___/___ <input type="checkbox"/> Other: Begin _____, 19___ End _____, 19___
Date	Employer Identification Number	
Name of Corporation		
Mailing Address		(a) Tentative Amount of Tax \$
City, State, Zip Code		(b) Less estimated tax payments* \$
		(c) Balance due Subtract line (b) from line (a) \$

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\* Include amount of preceding year's overpayment allowed as a credit.

Validation Number:

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Form 04-709 (Revised 11/97)

THIS FORM MUST ACCOMPANY TENTATIVE PAYMENT

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**Alaska Department of Revenue**  
**Income and Excise Audit Division**  
**PO Box 110420**  
**Juneau, Alaska 99811-0420**

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Juneau, Alaska

**1997**  
**Alaska Corporation**  
**Net Income Tax Return**  
**Booklet**

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**TO:**

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