



Due the 15th day of the month following month of activity.

Month _____ Year _____

<input type="checkbox"/> FEIN <input type="checkbox"/> SSN	Taxpayer Name			Fisheries Business License #	
Business Location/Vessel Name			Contact Person		
Mailing Address			Contact Email		
City	State	ZIP Code	Contact Phone		Contact Cell

Type of Report

<input type="checkbox"/> No Activity	<input type="checkbox"/> Amended (attach explanation)	<input type="checkbox"/> Bonus	<u>Month/Year resource originally purchased</u> Month: _____ Year: _____	<u>Month/Year bonus payment made</u> Month: _____ Year: _____
--------------------------------------	--	--------------------------------	---	--

Exempt Purchases

Use this section to report all salmon harvested under a special harvest area entry permit issued under AS 16.43.400.

Pounds of Salmon	Value of Salmon	Example: Salmon purchased from government agencies, salmon hatcheries or a fishing derby.

Tax Calculation

Region	Where Caught		Purchased or Exported		Salmon Enhancement Tax	
	(A) Pounds	(B) Value	(C) Pounds	(D) Value	(E) Rate	(F) Tax (Column D x E)
1	Southern Southeast	\$		\$.03	\$
2	Northern Southeast	\$		\$.03	\$
3	Prince William Sound	\$		\$.02	\$
4	Cook Inlet	\$		\$.02	\$
5	Kodiak	\$		\$.02	\$
6	Chignik	\$		\$.02	\$
7	Yakutat	\$		\$.02	\$
8	Outside	\$		\$	N/A	N/A
9	Total (add lines 1-8)	\$		\$	N/A	\$

(Totals on line 9, columns A and B must equal totals on line 9, columns C and D)

10	Amended and Bonus reports only. Taxes previously paid for this period	\$ ()
11	Total Tax Liability (Refund) Due (subtract line 10 from line 9, column F)	\$

Note: If your liability is \$100,000 or more, you must pay online using Revenue Online at <http://online-tax.alaska.gov> or by wire transfer.
 Check if you are paying by: Revenue Online (confirmation # _____) Wire transfer (date _____)

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

Signature	Printed Name	Title	Date
-----------	--------------	-------	------

Pay online through Revenue Online at <http://online-tax.alaska.gov> or make check payable to the **State of Alaska**.

If not filing this form through Revenue Online, mail to:
Tax Division, Alaska Department of Revenue, PO Box 110420, Juneau AK 99811-0420
www.tax.alaska.gov • 907.465.2320