

**Alaska Gas Storage Facility Tax Credit:  
Early Cessation of Operations (AS 43.20.046)**

Form **6322**

For calendar year 2016 or the taxable year beginning \_\_\_\_\_, 2016, ending \_\_\_\_\_, 20\_\_\_\_

**2016**

**To be separately filed**

|                 |       |          |                          |                    |
|-----------------|-------|----------|--------------------------|--------------------|
| EIN             |       |          | Contact Person           |                    |
| Name            |       |          | Title                    |                    |
| Mailing Address |       |          | Contact Email Address    |                    |
| City            | State | Zip Code | Contact Telephone Number | Contact Fax Number |

|                      |                                      |
|----------------------|--------------------------------------|
| Location of Facility | Date Commercial Operations Commenced |
|----------------------|--------------------------------------|

**Increase to Tax for Early Cessation of Operations**

Completion of form constitutes notice to the Department of Revenue of early cessation of operations required under AS 43.20.046(j)

Date that commercial operations ceased . . . . . \_\_\_\_\_

|  |   |  |
|--|---|--|
| 1. Total amount of the credit taken in previous tax years . . . . .                              | 1 |  |
| 2. Number of years that facility was in commercial operation . . . . .                           | 2 |  |
| 3. Subtract the number of years on line 10, from 10 years and enter the difference here. . . . . | 3 |  |
| 4. Divide line 3 by 10 . . . . .   | 4 |  |
| 5. Tax due. Multiply line 1 by line 4 . . . . .  | 5 |  |

|  |       |   |  |  |
|--|-------|---|--|--|
| <i>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.</i> |       |   | <input type="checkbox"/> Check if the DOR may discuss this return with the preparer (see instructions) |  |
| Authorized 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  |  |  |