

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

Form **6322**

For calendar year _____ or the taxable year beginning _____, _____, ending _____, _____

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
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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		