

**Alaska Liquefied Natural Gas (LNG) Storage
Facility Tax Credit (AS 43.20.047)**

Form **6324**

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

Part I: Claiming Credit or Payment

	A Name of Facility	B Location	C Commencement Date	D Costs Incurred	E Limitation Based on Cost	F Tentative Credit
1.						
2.	Total refund claimed. Add amounts on line 1, column F.					2

Part II: Increase to Tax for Early Cessation of Operations

	A Name of Facility	B Location	C Cessation Date	D Credit Previously Claimed	E Eligible Years	F Increase to Tax
3.						
4.	Total tax due. Add amounts on line 3, column F					4

<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			