



July 1, _____ to June 30, _____

To qualify for the Alaska reduced rate tax, this form MUST be received on or before May 31 each year.

<input type="checkbox"/> FEIN			TTB Registry Number		
<input type="checkbox"/> SSN					
Business Name			DBA (if applicable)		
Mailing Address			Physical Address of Brewery		
Mailing City	State	ZIP Code	Physical City	State	ZIP Code
Contact Email Address			Contact Phone		

Type of Entity

(Check one): Individual Partnership Corporation Limited Liability Company Other _____**Please answer all the questions below:**

1. Have you included a copy of your most recent Brewer's Report of Operations (TTB F5130.09) dated in the current calendar year? Yes No
2. Has this brewery exceeded the 2 million barrel limit as set forth in 26 USC 5051(a)(2)? Yes No
3. Will this brewery ship to or sell more than 60,000 barrels in Alaska in the state fiscal year (July 1 to June 30)? Yes No
4. Does this brewery operate more than one brewery? Yes No
5. Is this brewery a member of a controlled group of brewers? Yes No

If you are a member of a controlled group of brewers, or you operate more than one brewery, include a list of the names and addresses of the other breweries and the TTB Registry Number for each below. If more space is needed, please attach a separate sheet.

Member Brewery Name (dba)	Physical Address	City	State	TTB Registry Number

I will allow the Alaska Department of Revenue to disclose to the following Alaska Alcoholic Beverage Distributor that the above-named breweries qualify for the reduced rate of tax as provided by AS 43.60.010(c), and in the event that sales of beer produced by the above-named breweries meet or exceed 60,000 barrels in Alaska during the fiscal year (July 1 to June 30), I allow the Department of Revenue to inform the following distributor of the volume of beer sold in Alaska prior to meeting or exceeding 60,000 barrels so the distributor may have time to adjust the sales price to account for the increase in tax. I also agree to allow the Department of Revenue to publish our status as a reduced rate brewer on the department's website.

Distributor's Name	Distributor's Address
<i>Signature of owner or other authorized representative of the brewery. I certify that I have the authority to execute this document on behalf of the brewery. I declare under penalty of perjury that this document has been examined by me and to the best of my knowledge and belief, is true, correct and complete.</i>	
Signature	Date
Printed Name	Printed Title