



Complete this form to request a waiver if you are unable to file electronically.

Waivers will be valid for five years after the first filing due date after the waiver is granted. An application for a waiver must be submitted 30 days before a return or report is due.

**Taxpayer Information**

<input type="checkbox"/> FEIN <input type="checkbox"/> SSN	Taxpayer Name	Contact Phone Number	
Address	City	State	Zip Code

**Tax Type or Report** Check only the tax types below that have the same FEIN/SSN listed in Taxpayer Information.

- |   |   |
|---|---|
| <input type="checkbox"/> Alcoholic Beverage Tax                                 | <input type="checkbox"/> Large Passenger Vessel Tax |
| <input type="checkbox"/> Cigarette & Tobacco Tax                                | <input type="checkbox"/> Mining License Tax         |
| <input type="checkbox"/> Commercial Passenger Vessel Tax                        | <input type="checkbox"/> Motor Fuel Tax             |
| <input type="checkbox"/> Corporate Income Tax*                                  | <input type="checkbox"/> Oil & Gas Property Tax     |
| <input type="checkbox"/> Electric Cooperative Tax                               | <input type="checkbox"/> Telephone Cooperative Tax  |
| <input type="checkbox"/> Fisheries Related Taxes** ( <b>see listing below</b> ) | <input type="checkbox"/> Tire Fee                   |
| <input type="checkbox"/> Charitable Gaming                                      | <input type="checkbox"/> Vehicle Rental Tax         |

**Reason for Waiver** Check the reason a waiver is being requested and attach any additional supporting information.

- No access to a computer
- No internet availability
- Other – state the specific reason \_\_\_\_\_
- \_\_\_\_\_

***I declare under penalty of unsworn falsification that this application has been examined by me, and to the best of my knowledge and belief is true, correct and complete.***

Signature	Date / /
Printed Name	Phone Number
Title	

\* No waiver will be granted if taxpayer is required to electronically file its federal corporate income tax return.

\*\* Includes Fisheries Business Tax, Fishery Resource Landing Tax, Seafood Marketing Assessment, Salmon Enhancement Tax, Regional Seafood Development Tax, Dive Fishery Management Assessment, Common Property Fishery Assessment, and Alaska Salmon Price and Production Reports.

**Mail completed application to:**  
**Alaska Department of Revenue, Tax Division, PO Box 110420, Juneau AK 99811-0420**  
 www.tax.alaska.gov • 907.269.6620