

AMENDED ALASKA CORPORATION NET INCOME TAX RETURN

For the calendar year 20____ or the taxable year beginning _____, 20____ and ending _____, _____

DEPARTMENT USE ONLY
ENV
FSN

FORM 611X

EIN			EIN Used On Original Return, if different	
Name			Name Used On Original Return, if different	
Mailing Address			Contact Person	Contact Telephone Number
City	State	Zip Code	Title	Contact Fax Number
<input type="checkbox"/> Check if under audit at this time by the Alaska Department of Revenue			Contact Email Address	

SCHEDULE A - NET INCOME TAX SUMMARY

	A	B	C
	As originally reported or as adjusted	Net change (explain on Schedule C)	Correct amount
1. Apportionable income	1		
2. Alaska apportionment factor	2		
3. Alaska apportioned income	3		
4. Non-business income (loss)	4		
5. Alaska Items	5		
6. Alaska income. Add lines 3-5	6		
7. Alaska net operating loss deduction	7		
8. Alaska taxable income	8		
9. Alaska income tax	9		
10. Other taxes	10		
11. Total tax. Add lines 9-10	11		
12. Film production tax credit	12		
13. Other Alaska incentive credits	13		
14. Federal-based credits (see instructions)	14		
15. Net Alaska income tax (net of lines 12-14)	15		
16. Payments and credits from Schedule B, Line 11			16
17. Tax due (overpaid). Subtract line 16 from line 15.			17
18. Interest on amount on line 17 from ____/____/____ to ____/____/____			18
19. Total amount due			19
20. If line 16 is greater than line 15, column C, enter overpayment (as a negative number)			20

Overpayment is to be: refunded or credited to tax year ended _____

I declare, under penalty of perjury, that I have examined this amended 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.

Check if the DOR may discuss this return with the preparer (see instructions)

Officer's Signature	Date	Title		DEPT. USE ONLY
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	CFWD
City	State	Zip Code	Dept Use Only Validation Number:	Approved

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