AMENDED ALASKA CORPORATION NET

DEPARTMENT USE ONLY	
	FORM
ENV	_
	611)
FSN	

INCOME TAX RI			ar year 20 20 and e	or the taxable nding	year beg	_	FSN	
EIN				EIN Used On O			nt	
 								
Name				Name Used On	Original R	Return, if differ	rent	
Mailing Address				Contact Person			Contact Telepl	none Number
City	State	Zij	p Code	Title			Contact Fax N	lumber
Check if under audit at t	his time by the Alaska D)enartm	nent of Revenue	Contact Email A	Address			
Oneok ii anaoi adak at t	•	•		COME TAX S	SUMMAI	RY		
				A		В		С
				nally reported adjusted		let change n on Schedul	le C)	Correct amount
Apportionable income			1				,	
Alaska apportionment f		-	2					
3. Alaska apportioned inco	ome		3					
4. Non-business income (loss)· · · · ·	.	4					
5. Alaska Items · · ·			5					
6. Alaska income. Add lin	ies 3-5 · · · · ·		6					
7. Alaska net operating lo	ss deduction · · ·	.	7					
8. Alaska taxable income			8					
9. Alaska income tax ·			9					
10. Other taxes · · ·		.	10					
11. Total tax. Add lines 9-1	0		11					
12. Film production tax cred	dit · · · · ·		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 f	rom Schedule B, Line 11	1					16	
17. Tax due (overpaid). Su	btract line 16 from line 1	15					17	
18. Interest on amount on I	ine 17 from/	_/	to/	_/			18	
19. Total amount due							19	
20. If line 16 is greater than	ı line 15, column C, ente	er over	payment (as a n	egative number)			20	
Overpayment is to be:	refunded or	cre	edited to tax yea	r ended				
I declare, under penalty of schedules and statements, Declaration of preparer (othe	and to the best of my	knowle	edge and belief	it is true, corre	ct. and co	mplete. 🗀 🗤		may discuss this (see instructions)
Officer's Signature	1	Date		Title				
Drangrar's Cigaratura		Dota		Charle if		Drong's C	CNI on DTINI	DEPT. USE C
Preparer's Signature		Date		Check if self-employe	ed	Preparer's S	SSN or PTIN	R
Preparer firm's name (or you self-employed) and address				EIN		Phone		С

Dept Use Only Validation Number:

City

State

Zip Code

Approved

EIN	Name	

FORM
611X

Page 2

SCHEDULE B - PAYMENTS AND CREDITS

			A As originally reported or as adjusted	B Net change (explain on Schedule	C)	C Correct amount
1.	Overpayment in prior year allowed as a credit	1				
2.	Estimated tax payments	2				
3.	Refund applied for on Form 6230	3				
4.	Subtract line 3 from the sum of lines 1 and 2	4				
5.	Tax deposited with extension	5				
6.	Alaska refundable incentive credits from Form 6300, line 22	6				
7.	Reserved	7				
8.	Tax paid with (or after) the last filing or as last adjusted				8	
9.	9. Add lines 4-8, column C			9		
10. Overpayment shown on original return or as later adjusted					10	
11. Subtract line 10 from line 9. Enter here and on Schedule A, line 16			11			

SCHEDULE C - EXPLANATION OF CHANGES Enter the schedule and line number for the items you are changing, and give the reason for each change. Show any computation in

detail. Also, see What To Attach in the instructions.				
If the change is due to a net operating loss carryback, a capital loss carryback, or a general business credit carryback, see Carrybac Claims in the instructions, and check here				