

Alaska Application For Voluntary Disclosure

Form **6750**

2013

Part I

Representative's Name		State Agency Department of Revenue - Tax Division	
Representative's Mailing Address		Mailing Address 550 W. 7th Ave. Ste. 500	
City, State, Zip Code		City, State, Zip Code Anchorage, AK 99501-3555	
Representative's Email Address		Questions? Email dor.tax.disclosure@alaska.gov	
Representative's Telephone Number	Representative's Fax	Telephone Number 907-269-6620	Fax Number 907-269-6644

Part II

Tax Periods:	
Entity Type: <input type="checkbox"/> Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC (Limited Liability Company)	1. Has the entity ever filed an income tax return with the Department of Revenue? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Has the entity ever been the subject of an inquiry by the Department of Revenue with respect to liability for income taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No

Part III

Attach the following information to the application: <ul style="list-style-type: none"> A description of the qualified business entity's business activities A description of the qualified business entity's business in Alaska The facts giving rise to the offer to enter into a Voluntary Disclosure Agreement Whether the DOR has contacted the entity, and if so, the nature of such contacts The settlement terms proposed by the company If the entity is a partnership or LLC, the number of corporate partners or members A statement with your estimate of the amount of taxes due by tax period. Show the accompanying computations.

Part IV

<i>I declare under penalty of perjury under the laws of the State of Alaska, that I am authorized by the unnamed entity to act as its agent in negotiating a settlement under Alaska's Voluntary Disclosure Program and that the information in this application, including accompanying schedules and statements, is true and correct to the best of my knowledge and belief.</i>		
Signature	Person Completing Form (Print Name)	Date

