

|   |                                |  |
|---|--------------------------------|--|
| <b>Form 04-711</b><br><b>Payment of Estimated Alaska Corporation Net Income Tax</b> |                                | <b>Important: To insure proper credit, use the same Name and EIN that will be used on the return.</b>  |
| Date  | Employer Identification Number | <input type="checkbox"/> Calendar year ____<br><input type="checkbox"/> Fiscal year ending __/__/__<br><input type="checkbox"/> Other:<br>Begin _____, _____<br>End _____, _____ |
| Name of Corporation   |                                |  |
| Mailing Address   |                                | Installment Number<br>(Check appropriate box)<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4                     |
| City, State, Zip Code   |                                |  |
| First Year Doing Business in Alaska   | Total Estimated Tax            | Installment Amount   |
|   | \$                             | \$   |

ALASKA DEPARTMENT OF REVENUE  
 PO BOX 110420  
 JUNEAU, ALASKA 99811-0420

**For Department Use Only**

Date received

PMD:

Validation Number:

Form 04-711 (Rev 11/00) THIS FORM MUST ACCOMPANY ESTIMATED PAYMENTS

|   |                                |  |
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| <b>Form 04-711</b><br><b>Payment of Estimated Alaska Corporation Net Income Tax</b> |                                | <b>Important: To insure proper credit, use the same Name and EIN that will be used on the return.</b>  |
| Date  | Employer Identification Number | <input type="checkbox"/> Calendar year ____<br><input type="checkbox"/> Fiscal year ending __/__/__<br><input type="checkbox"/> Other:<br>Begin _____, _____<br>End _____, _____ |
| Name of Corporation   |                                |  |
| Mailing Address   |                                | Installment Number<br>(Check appropriate box)<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4                     |
| City, State, Zip Code   |                                |  |
| First Year Doing Business in Alaska   | Total Estimated Tax            | Installment Amount   |
|   | \$                             | \$   |

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| Name of Corporation   |                                |  |
| Mailing Address   |                                | Installment Number<br>(Check appropriate box)<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4                     |
| City, State, Zip Code   |                                |  |
| First Year Doing Business in Alaska   | Total Estimated Tax            | Installment Amount   |
|   | \$                             | \$   |

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| Date  | Employer Identification Number | <input type="checkbox"/> Calendar year -----<br><input type="checkbox"/> Fiscal year ending ___/___/___<br><input type="checkbox"/> Other:<br>Begin _____, _____<br>End _____, _____ |
| Name of Corporation   |                                |  |
| Mailing Address   |                                | <b>Installment Number</b><br>(Check appropriate box)<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4                  |
| City, State, Zip Code   |                                |  |
| First Year Doing Business in Alaska   | Total Estimated Tax            | Installment Amount   |
|   | \$                             | \$   |

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**This voucher is to be used to pay tax due with extension of time to file return.**

|   |  |  |
|---|--|--|
| <b>Form 04-709</b><br><b>Payment of Tentative Alaska Corporation Net Income Tax</b> |  | <b>Important: To insure proper credit, use the same Name and EIN that will be used on the return.</b>  |
| <b>PAYMENT DUE DATE</b>   | The 15th day of the third month following the end of the tax year (e.g. March 15 for calendar year taxpayers)<br><b>IMPORTANT:</b> To insure proper credit, use the same Name and EIN that will be used on the return. |  |
|   | Date   | Employer Identification Number   |
| Name of Corporation   |  | <input type="checkbox"/> Calendar year _____<br><input type="checkbox"/> Fiscal year ending ___/___/___<br><input type="checkbox"/> Other:<br>Begin _____, _____<br>End _____, _____ |
| Mailing Address   |  |  |
| City, State, Zip Code   |  | (a) Tentative Amount of Tax<br>\$  |
|   |  |  |
|   |  | (b) Less estimated tax payments*<br>\$   |
|   |  |  |
|   |  | (c) Balance due<br>Subtract line (b) from line (a)<br>\$   |
|   |  |  |

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\* Include amount of preceding year's overpayment allowed as a credit.

Validation Number:

Form 04-709 (Rev 11/00)

THIS FORM MUST ACCOMPANY TENTATIVE PAYMENT