

Alaska Corporation Net Income Tax Return

Form **6000**

For calendar year 2024 or the taxable year beginning _____, 2024, ending _____, 20____

2024

EIN		NAICS Code	Contact Person	
Name			Title	
Mailing Address		<input type="checkbox"/> Check if new address	Contact Email Address	
City	State	Zip Code	Contact Telephone Number	Contact Fax Number

Return Information (check applicable boxes)

- | | | |
|---|--|--|
| <input type="checkbox"/> Final Alaska return | <input type="checkbox"/> Exempt organization with UBTI | <input type="checkbox"/> S Corporation (attach Form 1120S) |
| <input type="checkbox"/> Consolidated Alaska return | <input type="checkbox"/> Public Law 86-272 applies | <input type="checkbox"/> Personal Holding Company |
| <input type="checkbox"/> Amended return | <input type="checkbox"/> HOA filing Form 1120-H | <input type="checkbox"/> Cooperative Association |
| <input type="checkbox"/> Federal extension is in effect | | |

If amended return box above is checked, then check the following boxes, if applicable:

- Amended return to report IRS audit or Form 1120X This is a protective claim

SCHEDULE A – NET INCOME TAX SUMMARY

1. Alaska income (loss) from Schedule H, line 12	1	
2. Alaska net operating loss utilized: carryover (_____) carryback (_____). Total. Carryback use limited. See instructions	2	(_____)
3. Alaska taxable income. Add lines 1–2	3	
4. Alaska income tax from Schedule D, line 2	4	
5. Other taxes from Schedule E, line 7	5	
6. Total tax. Add lines 4–5	6	
7. Alaska incentive credits applied against tax from Form 6300, line 49	7	
8. Federal-based credits from Form 6390, line 33	8	
9. Net Alaska income tax. Subtract the sum of lines 7–8 from line 6. If more than \$500, attach Form 6220	9	
10. Payments from page 3, Schedule C	10	
11. Alaska credit for prior minimum tax (see instructions)	11	
12. Alaska incentive credits claimed as refund from Form 6300, line 38	12	
13. Tax due (overpaid). Subtract the sum of lines 10–12 from line 9	13	
14. Penalty for underpayment of estimated tax (see instructions)	14	
15. Total amount due (overpaid). Add lines 13–14. If greater than zero, STOP	15	
16. Overpayment credited to 2025 estimated tax (enter as positive number)	16	
17. Refund. Add lines 15–16	17	

I declare, under penalty of perjury, that I have examined this 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	
Preparer's Signature		Date	Preparer Firm's Name	Preparer's SSN or PTIN
Preparer Firm's Address			EIN	Phone
City	State	Zip Code		

EIN	Name
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SCHEDULE B – ALASKA TAXPAYER INFORMATION

1. ALASKA CONSOLIDATED RETURNS ONLY: LIST ALL CORPORATIONS, OTHER THAN THE TAXPAYER SHOWN ON PAGE 1, WITH NEXUS IN ALASKA INCLUDED IN THIS RETURN. FAILURE TO PROPERLY COMPLETE MAY RESULT IN PENALTIES.

A Name of each corporation with nexus in Alaska	B P.L. 86-272 applies	C Alaska Insurance Company	D EIN	E NAICS Code		
Name	<input type="checkbox"/>	<input type="checkbox"/>				
Address						
City					State	Zip Code
Factor numerators to be reported: <input type="checkbox"/> property <input type="checkbox"/> payroll <input type="checkbox"/> sales						
Name	<input type="checkbox"/>	<input type="checkbox"/>				
Address						
City					State	Zip Code
Factor numerators to be reported: <input type="checkbox"/> property <input type="checkbox"/> payroll <input type="checkbox"/> sales						
Name	<input type="checkbox"/>	<input type="checkbox"/>				
Address						
City					State	Zip Code
Factor numerators to be reported: <input type="checkbox"/> property <input type="checkbox"/> payroll <input type="checkbox"/> sales						
Name	<input type="checkbox"/>	<input type="checkbox"/>				
Address						
City					State	Zip Code
Factor numerators to be reported: <input type="checkbox"/> property <input type="checkbox"/> payroll <input type="checkbox"/> sales						

2. If any taxpayer included in this return is included in a federal consolidated return (Form 1120), provide the name, address, and EIN of the common parent of the federal consolidated group.

EIN	Name		
Address	City	State	Zip Code

3. If this is the first return, indicate if: Successor to previously existing business (Enter name, address, and EIN of previous business)

EIN	Name		
Address	City	State	Zip Code

4. Name and EIN on the prior year's return if different from page 1. State the reason for the change (e.g. merger, name change, etc.)

EIN	Name		
Reason			

EIN	Name
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SCHEDULE C – TAX PAYMENT RECORD

Estimated Payments	Date	Amount	Summary	Date	Amount
First			Payment with extension		
Second			Total estimated tax payments		
Third			Overpayment from prior year		
Fourth			Less: Quick Refund from Form 6230	()
Total estimated tax payments			Amended return only:		
			Tax paid with original return and additional tax paid		
			Less: Overpayment previously credited to 2025	()
			Less: Refund from original return and additional refunds	()
			Total net payments to Schedule A, line 10		

SCHEDULE D – ALASKA TAX COMPUTATION

Tax Rate Table is contained in instructions

1. Alaska taxable income from Schedule A, line 3	1	
2. Tax. Use Tax Rate Table to compute tax. Enter here and on Schedule A, line 4	2	

SCHEDULE E – OTHER TAXES

1a. Alternative Minimum Tax from federal Form 4626	1a	
1b. Multiply line 1a by 18%	1b	
1c. Apportionment factor from Schedule I, line 14	1c	
1d. Multiply line 1b by line 1c	1d	
2a. Base Erosion and Anti-Abuse Tax (BEAT) from federal Form 8991	2a	
2b. Apportionment factor from Schedule I, line 14	2b	
2c. Multiply line 2a by line 2b	2c	
3. Add lines 1d and 2c	3	
4. Personal Holding Company tax (see instructions)	4	
5. Tax on early cessation of operations - LNG storage facility	5	
6. Other taxes (see instructions)	6	
7. Add lines 3-6. Enter here and on Schedule A, line 5	7	

EIN	Name
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SCHEDULE H – COMPUTATION OF ALASKA INCOME

		1	
Combined Reporting	2a. Federal taxable income (loss) of corporations not included in line 1	2a	
	2b. Foreign corporations with 20% or greater U.S. factors	2b	
	2c. Income from tax haven corporations and any FSC profit	2c	
	2d. Federal taxable (income) loss of non-unitary corporations	2d	
	2e. Federal taxable (income) loss of corporations with U.S. factors of less than 20%	2e	
	2f. Intercompany eliminations (see instructions)	2f	
	2g. Total adjustments for combined reporting. Add lines 2a–2f	2g	
3. Net income before state modifications and adjustments. Add lines 1 and 2g		3	
Additions	4a. Taxes based on or measured by net income	4a	
	4b. Expenses incurred to produce non-business income	4b	
	4c. Federal charitable contributions from federal Form 1120, line 19	4c	
	4d. Net Section 1231 losses from federal Form 4797, line 11	4d	
	4e. Oil and gas service industry expenditures. Enter amount from Form 6327, line 2	4e	
	4f. Expenditures from Form 6310 (see instructions)	4f	
	4g. Other (attach schedule)	4g	
4h. Total additions. Add lines 4a–4g	4h		
5. Total. Add lines 3 and 4h		5	
Subtractions	6a. Interest from obligations of the United States	6a	
	6b. Intercompany dividends	6b	
	6c. Section 78 gross-up dividends	6c	
	6d. 80% of dividends received from foreign corporations	6d	
	6e. 80% of royalties accrued or received from foreign corporations	6e	
	6f. Non-business income (attach schedule)	6f	
	6g. Federal Form 1120, line 8 capital gain income	6g	
	6h. Non-recaptured Section 1231 losses from prior years from federal Form 4797, line 12	6h	
	6i. Other (attach schedule)	6i	
	6j. Total subtractions. Add lines 6a–6i.	6j	
7. Apportionable income (loss). Subtract line 6j from line 5.		7	
8. Apportionment factor from Schedule I, line 14.		8	
9. Income (loss) apportioned to Alaska. Multiply line 7 by line 8		9	
10. Non-business income (loss) net of expenses allocable to Alaska (attach schedule)		10	
Alaska Items	11a. Alaska capital and Section 1231 gain (loss) from Schedule J, line 20	11a	
	11b. Alaska charitable contribution deduction from Schedule K, line 10	11b	()
	11c. Alaska dividends-received deduction (see instructions)	11c	()
	11d. Total Alaska items (add lines 11a–11c).	11d	
12. Alaska taxable income (loss) before net operating loss. Add lines 9, 10, and 11d. Enter here and on Schedule A, line 1		12	

EIN	Name
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SCHEDULE I – APPORTIONMENT FACTOR

Property	1. Property within Alaska			
		A EIN	B Name	C Property within Alaska
	1a			
	1b			
	1c			
	1d			
1e				

2. Total of line 1 column C	2	
3. Property everywhere	3	
4. Property factor. Divide line 2 by line 3	4	

Payroll	5. Payroll within Alaska			
		A EIN	B Name	C Payroll within Alaska
	5a			
	5b			
	5c			
	5d			
5e				

6. Total of line 5 column C	6	
7. Payroll everywhere	7	
8. Payroll factor. Divide line 6 by line 7.	8	

Sales	9. Sales within Alaska			
		A EIN	B Name	C Sales within Alaska
	9a			
	9b			
	9c			
	9d			
9e				

10. Total of line 9 column C	10	
11. Sales everywhere.	11	
12. Sales factor. Divide line 10 by line 11	12	

13. Add lines 4, 8, and 12	13	
14. Apportionment factor. Divide line 13 by 3	14	

(if less than 3 factors are used, see instructions)

EIN	Name
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SCHEDULE J – ALASKA CAPITAL AND SECTION 1231 GAINS AND LOSSES

Section 1231 Gains and Losses	A Combined	B AK Factor	C Alaska Gain or (loss)
1. Current Section 1231 gains and (losses). If a loss enter the result on line 19	1		
2. Alaska net non-recaptured Section 1231 losses from prior years. Enter as a positive number		2	
3. If line 1C is a gain, subtract line 2 from line 1C, but not less than zero. Enter here and on line 15		3	
4. If line 1C is a gain, enter the lesser of line 1C or line 2 here and on line 19, otherwise enter zero		4	

Short-Term Capital Gains and Losses – STCG/(L)

5. Total current STCG/(L)	5		
6. Non-business STCG/(L).	6		
7. Apportionable STCG/(L). Subtract line 6 from line 5	7		
8. Non-business STCG/(L) allocable to Alaska		8	
9. Alaska capital loss carryover utilized () carryback utilized (). Total		9	()
10. Net STCG/(L). Add lines 7C, 8, and 9		10	

Long-Term Capital Gains and Losses – LTCG/(L)

11. Total current LTCG/(L)	11		
12. Non-business LTCG/(L)	12		
13. Apportionable LTCG/(L). Subtract line 12 from line 11	13		
14. Non-business LTCG/(L) allocable to Alaska		14	
15. Enter amount from line 3		15	
16. Net LTCG/(L). Add lines 13C, 14, and 15		16	

Summary

17. Excess net short-term capital gain, line 10, over net long-term capital loss, line 16	17	
18. Excess net long-term capital gain, line 16, over net short-term capital loss, line 10	18	
19. If line 1C is a loss, enter here, otherwise enter the amount from line 4	19	
20. Add lines 17–19. Enter here and on Schedule H, line 11a	20	

EIN	Name
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SCHEDULE K – CHARITABLE CONTRIBUTION DEDUCTION

1. Current charitable contributions	1	
2. Education credit contributions from Form 6310 (see instructions)	2	
3. Subtract line 2 from line 1	3	
4. Apportionment factor from Schedule I, line 14	4	
5. Current Alaska charitable contributions. Multiply line 3 by line 4	5	
6. Alaska charitable contribution carryover from Form 6385, line 18	6	
7. Add lines 5–6	7	
8. Taxable income for deduction limitation purposes (see instructions).	8	
9. Multiply line 8 by 10%	9	
10. Alaska charitable contribution deduction. Enter the lesser of line 7 or line 9 here and on Schedule H, line 11b	10	

SCHEDULE L – ALASKA DIVIDENDS-RECEIVED DEDUCTION (DRD)

1. Dividend income included in Schedule H, line 3	1		
Not Eligible	2a. Intercompany dividends from Schedule H, line 6b	2a	
	2b. Section 78 gross-up dividends from Schedule H, line 6c	2b	
	2c. 100% of dividends from foreign corporations. Divide Schedule H, line 6d by 80%	2c	
	2d. Dividends subtracted on Schedule H, line 6f as non-business income	2d	
	2e. Total dividends not eligible for DRD. Add lines 2a–2d.	2e	
3. Total dividends eligible for DRD. Subtract line 2e from line 1.	3		
4. Apportionment factor from Schedule I, line 14	4		
5. Apportioned dividends. Multiply line 3 by line 4.	5		
6. Dividends allocable to Alaska included on Schedule H, line 10	6		
7. Total dividends included in taxable income. Add lines 5–6	7		

			A Apportioned Dividends	B Percentage	C DRD (A x B)
DRD	8a. Dividends qualifying for 100% deduction	8a		100%	
	8b. Dividends qualifying for 65% deduction	8b		65%	
	8c. Dividends qualifying for 50% deduction	8c		50%	
	8d. Dividends qualifying for 26.7% deduction	8d		26.7%	
	8e. Dividends qualifying for 23.3% deduction	8e		23.3%	
	8f. Other, if applicable (enter % in column B)	8f			

9. Tentative dividends-received deduction. Add lines 8a–8f, column C (see instructions).	9	
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