



## ARSSTC Voluntary Disclosure Program Application

### Business Information

<b>Business Name:</b>					
<b>Mailing Address:</b>					
<b>City:</b>		<b>State:</b>		<b>ZIP:</b>	
<b>Phone:</b>		<b>Email Address:</b>			
<b>Business Point of Contact Name:</b>				<b>Title:</b>	

### Third-Party Representative

*(If application is being submitted by a Third-Party Representative)*

<b>Firm Name:</b>					
<b>Mailing Address:</b>					
<b>City:</b>		<b>State:</b>		<b>ZIP:</b>	
<b>Phone:</b>		<b>Email Address:</b>			
<b>3<sup>rd</sup> Party Point of Contact Name:</b>				<b>Title:</b>	

### Business Declarations

<b>Description of Business Activity:</b>	
<b>Date Economic Nexus was met:</b>	
<b><i>Please check each of the statements below, as applicable</i></b>	
<input type="checkbox"/>	Applicant is a remote seller as defined under Section 270 of the Uniform Code.
<input type="checkbox"/>	Applicant has never been registered with or reported taxes to the ARSSTC.
<input type="checkbox"/>	Applicant has never been contacted by the ARSSTC for audit or registration / reporting compliance.
<input type="checkbox"/>	Applicant is not engaged in evasion of misrepresentation in reporting tax liabilities.
<input type="checkbox"/>	Applicant has not engaged in the collection and failure to remit sales taxes to the ARSSTC.

### Affirmation & signature

<b>Company Representative Name:</b>		<b>Title:</b>	
<i>Under penalties of perjury, I affirm that the information provided above is true and correct.</i>			
<b>Signature:</b>		<b>Date:</b>	

Please submit this application to the Alaska Remote Seller Sales Tax Commission via email at [arsstc@akml.org](mailto:arsstc@akml.org)