

## AR1036

## **State of Arkansas** EMPLOYEE TUITION REIMBURSEMENT TAX CREDIT

Tax Year beginning/ and ending/									
Name	e of Entity				FEIN/SS	6N			
Address NAICS						Code			
City	5	State	County	Zip		Telephone Number			
4	OWNERSHIP CLASSIFICATION (Check only one box)								
NO	1. Sole Proprietorship	low)							
CTI	2. Taxable Corporation		5. Limited Liability Company LLC (Complete Section D below)						
SEC	3. Fiduciary		6. Subchapter S Corporation (Complete Section D below)						
SECTION B	ELIGIBILITY CLASSIFICATION								
	7. Enter Applicable Eligibility Number (Refer to Instructions, Page 2, Item 15)								
	8. Enter Percentage of Revenue fro	%							
	9. Enter Percentage of retail sale	%							
	10. Enter average hourly wages paid								
SECTION C	ELIGIBLE TAX CREDIT FOR THIS TAX YEAR								
	11. Total Tax Credit subject to income tax liability limitation (Enter amount from Section E, page 2, line 2) \$								
	<b>NOTE:</b> If Ownership Classification box 4, 5 or 6 is checked in Section A, skip lines 12-14 and complete section D, "Allocation of Total Tax Credit for Pass-Through Entity Members."								
	12. Entity's Income Tax Liability for This Tax Year					\$			
	13. Income Tax Liability Limitation	\$							
	14. Eligible Tax Credit available for this Tax Year only (Enter the smaller of Line 11 or Line 13)					\$			
	ALLOCATION OF TOTAL TAX CREDIT FOR PASS-THROUGH ENTITY MEMBERS NOTE: Each Member's share of total tax credit subject to 25% income tax liability limitation								
	Member's Name	, 	Percentage Of Ownership	Member's SSN/	FEIN	Member's Share of Total Tax Credit From Line 11			
			%			\$			
0			%			\$			
10			%			\$			
SECTION			%			\$			
S			%			\$			
			%			\$			
			%			\$			
			%			\$			
			%			\$			



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Tax Year beginning/ // //   Name of Entity FEIN/SSN								
Name of Entity								
SECTION E: Tuitio	on Paid or Reimbursed by Em	ployer	•					
Accredited Educational Institution Located within Arkansas								
Employee's Name	Name of Institution	City	Date Tuition Paid or Reimbursed	Amount Paid or Reimbursed (round to whole dollars)				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
1. Total Amount Paid or Reimbursed1.								
2. Total Tax Credit (Multiply Line 1 X 30%, Enter results here and on Line 11, Page 1, Section C)2.								