

AR1100NOL



Arkansas Corporation Income Tax or Pass-Through Entity Tax Schedule of Net Operating Loss

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| Corporation Name | FEIN |
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This form should be used to calculate Net Operating Loss (NOL) amounts to enter on Line 29 or Schedule A, Line C3 on Form AR1100CT or P3 Line 26 and/or P4 Section C Line 3 on Form AR1100PET.

Tax Year:

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|--------------|--|
| Tax Year 01: | |
| Tax Year 02: | |
| Tax Year 03: | |
| Tax Year 04: | |
| Tax Year 05: | |
| Tax Year 06: | |
| Tax Year 07: | |
| Tax Year 08: | |
| Tax Year 09: | |
| Tax Year 10: | |

NOL Amt:

| | |
|---------------|--|
| Claim Amt 01: | |
| Claim Amt 02: | |
| Claim Amt 03: | |
| Claim Amt 04: | |
| Claim Amt 05: | |
| Claim Amt 06: | |
| Claim Amt 07: | |
| Claim Amt 08: | |
| Claim Amt 09: | |
| Claim Amt 10: | |
| Amt Expired: | |

Yr Expires:

| | |
|-------------|--|
| Balance 01: | |
| Balance 02: | |
| Balance 03: | |
| Balance 04: | |
| Balance 05: | |
| Balance 06: | |
| Balance 07: | |
| Balance 08: | |
| Balance 09: | |
| Balance 10: | |

Tax Year:

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|--------------|--|
| Tax Year 01: | |
| Tax Year 02: | |
| Tax Year 03: | |
| Tax Year 04: | |
| Tax Year 05: | |
| Tax Year 06: | |
| Tax Year 07: | |
| Tax Year 08: | |
| Tax Year 09: | |
| Tax Year 10: | |

NOL Amt:

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| Claim Amt 01: | |
| Claim Amt 02: | |
| Claim Amt 03: | |
| Claim Amt 04: | |
| Claim Amt 05: | |
| Claim Amt 06: | |
| Claim Amt 07: | |
| Claim Amt 08: | |
| Claim Amt 09: | |
| Claim Amt 10: | |
| Amt Expired: | |

Yr Expires:

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| Balance 01: | |
| Balance 02: | |
| Balance 03: | |
| Balance 04: | |
| Balance 05: | |
| Balance 06: | |
| Balance 07: | |
| Balance 08: | |
| Balance 09: | |
| Balance 10: | |

Tax Year:

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|--------------|--|
| Tax Year 01: | |
| Tax Year 02: | |
| Tax Year 03: | |
| Tax Year 04: | |
| Tax Year 05: | |
| Tax Year 06: | |
| Tax Year 07: | |
| Tax Year 08: | |
| Tax Year 09: | |
| Tax Year 10: | |

NOL Amt:

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|---------------|--|
| Claim Amt 01: | |
| Claim Amt 02: | |
| Claim Amt 03: | |
| Claim Amt 04: | |
| Claim Amt 05: | |
| Claim Amt 06: | |
| Claim Amt 07: | |
| Claim Amt 08: | |
| Claim Amt 09: | |
| Claim Amt 10: | |
| Amt Expired: | |

Yr Expires:

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|-------------|--|
| Balance 01: | |
| Balance 02: | |
| Balance 03: | |
| Balance 04: | |
| Balance 05: | |
| Balance 06: | |
| Balance 07: | |
| Balance 08: | |
| Balance 09: | |
| Balance 10: | |