



AR1036

State of Arkansas
EMPLOYEE TUITION REIMBURSEMENT TAX CREDIT

Tax Year beginning ___/___/___ and ending ___/___/___

Name of Entity, FEIN/SSN, Address, NAICS Code, City, State, County, Zip, Telephone Number

SECTION A OWNERSHIP CLASSIFICATION (Check only one box)
1. Sole Proprietorship
2. Taxable Corporation
3. Fiduciary
4. Partnership (Complete Section D below)
5. Limited Liability Company LLC (Complete Section D below)
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 from out-of-state sales (If Eligibility Number 2, 3, 4B, 4C, 8 or 9 entered on Line 7) %
9. Enter Percentage of retail sales to general public (If Eligibility Number 2, 3, 5 or 6 entered on Line 7) %
10. Enter average hourly wages paid (If Eligibility Number 8 or 9 entered on Line 7)

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) \$
NOTE: 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 (Multiply Line 12 x 25%) \$
14. Eligible Tax Credit available for this Tax Year only (Enter the smaller of Line 11 or Line 13) \$

SECTION D 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
Table with columns: Member's Name, Percentage Of Ownership, Member's SSN/FEIN, Member's Share of Total Tax Credit From Line 11



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| | |
|----------------|----------|
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|----------------|----------|

SECTION E: Tuition Paid or Reimbursed by Employer

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) |
|-----------------|---------------------|------|---------------------------------|--|
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|--|----|
| 1. Total Amount Paid or Reimbursed.....1. | \$ |
| 2. Total Tax Credit (Multiply Line 1 X 30%, Enter results here and on Line 11, Page 1, Section C).....2. | \$ |