AR1036

State of Arkansas EMPLOYEE TUITION REIMBURSEMENT TAX CREDIT

Tax Year beginning / and ending / NAICS Code Address										
Name of Entity Address City State County Zip Telephone Number Telephone Numbe	Toy \	(car beginning / / and and in	a /	1	FEIN/SSI	N				
State County Zip Telephone Number			NAICS (Code						
State County Zip Telephone Number		-								
OWNERSHIP CLASSIFICATION Check only one Box	Addre	ess								
1. Sole Proprietorship 4. Partnership (Complete Section D below)	City	State	County	Zip	-	Telephone Number				
1. Sole Proprietorship 4. Partnership (Complete Section D below)	- 1	OWNERSHIP OF ASSISTANTION (6)	. .							
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, 48, 4C, 8 or 9 entered on Line 7) 9. Enter Percentage of Revenue from out-of-state sales (if Eligibility Number 2, 3, 48, 4C, 8 or 9 entered on Line 7) 9. Enter Percentage of Revenue from out-of-state sales (if Eligibility Number 2, 3, 48, 4C, 8 or 9 entered on Line 7) 9. Enter Percentage of Revenue from out-of-state sales (if Eligibility Number 2, 3, 48, 4C, 8 or 9 entered on Line 7) 9. Enter Percentage of Revenue from out-of-state sales (if Eligibility Number 2, 3, 48, 4C, 8 or 9 entered on Line 7) 9. Enter Percentage of Revenue from out-of-state sales (if Eligibility Number 2, 3, 48, 4C, 8 or 9 entered on Line 7) 9. Enter Percentage of Revenue from out-of-state sales (if Eligibility Number 2, 3, 48, 4C, 8 or 9 entered on Line 7) 9. Enter Percentage of Revenue from out-of-state sales (if Eligibility Number 2, 3, 48, 4C, 8 or 9 entered on Line 7) 9. Enter Percentage of Revenue from out-of-state sales (if Eligibility Number 2, 3, 48, 4C, 8 or 9 entered on Line 7) 9. Enter Percentage of Revenue from out-of-state sales (if Eligibility Number 2, 3, 48, 4C, 8 or 9 entered on Line 7) 9. Enter Percentage of Revenue from out-of-state sales (if Eligibility Number 2, 3, 48, 4C, 8 or 9 entered on Line 7) 9. Enter Percentage of Revenue from out-of-state sales (if Eligibility Number 2, 3, 48, 4C, 8 or 9 entered on Line 7) 9. Enter Percentage of Revenue from out-of-state sales (if Eligibility Number 2, 3, 48, 4C, 8 or 9 entered on Line 7) 9. Enter Percentage of Revenue from out-of-state sales (if Eligibility Number 2, 3, 5 or 6 entered on Line 7) 9. Enter Percentage of Revenue from out-of-state sales (if Eligibility Number 2, 3, 48, 4C, 8 or 9 entered on Line 7) 9. Enter Percentage of Revenue from out-of-state sales (if Eligibility Indiation from Passes (in Eligibility Indiation from Passes (in Eligibility Indiation fro	_									
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8. Enter Percentage of Revenue from out-of-state sales (If Eligibility Number 2, 3, 48, 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) 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) 8. 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 % \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$										
### 10. Enter average hourly wages paid (If Eligibility Number 8 or 9 entered on Line 7) #### 2000										
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NOTE: Each Member's share of total tax credit subject to 25% income tax liability limitation Member's Name		14. Eligible Tax Credit available for this Tax Year only (E	\$							
Member's Name										
			Percentage		EIN					
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AR1036

State of Arkansas EMPLOYEE TUITION REIMBURSEMENT TAX CREDIT

	//_ and ending/_						
Name of Entity	FEIN/S	I/SSN					
SECTION E Schedule of Tuition	Paid or Reimbursed by Empl	oyer					
	Accredited Educational						
Employee's Name	Name of Institution	City		ition Paid nbursed	Amount Paid or Reimbursed (round to whole dollars)		
					\$		
					\$		
					\$		
					\$		
					\$		
					\$		
					\$		
					\$		
					\$		
					\$		
					\$		
					\$		
					\$		
					\$		
					\$		
1. Total Amount Paid or F	\$						
2. Total Tax Credit (Multiply Line 1 X 30%, Enter results here and on Line 11, Page 1, Section C) 2.							