AR1036

State of Arkansas EMPLOYEE TUITION REIMBURSEMENT TAX CREDIT

				FEIN/SSN					
Tax Y	ear beginning / and ending								
Name	e of Entity	NAICS Code							
Address									
City	State	County	Zip	Telephone Number					
۲	OWNERSHIP CLASSIFICATION (Check only one Box)								
N N	1. Sole Proprietorship 4. Partnership (Complete Section D below)								
Ē	2. Taxable Corporation	Taxable Corporation 5. Limited Liability Company LLC (Complete Section D below)							
SECTION	3. Fiduciary 6. Subchapter S Corporation (Complete Section D below)								
	ELIGIBILITY CLASSIFICATION								
SECTION B	7. Enter Applicable Eligibility Number (Refer to Instruc								
	8. Enter Percentage of Revenue from out-of-state sales (If E	%							
ECT	9. Enter Percentage of retail sales to general public (II	%							
ิง	10. Enter average hourly wages paid (If Eligibility Numb	\$							
SECTION C	ELIGIBLE TAX CREDIT FOR THIS TAX YEAR								
	11. Total Tax Credit subject to income tax liability limitat	\$							
	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 2	\$							
	14. Eligible Tax Credit available for this Tax Year only (E	\$							
	ALLOCATION OF TOTAL TAX CREDIT FOR PASS-THROUGH ENTITY MEMBERS								
SECTION D	NOTE: Each Member's share of total tax credit subject to 259 Member's Name	% income tax liability Percentage	limitation Member's SSN/FEIN	Member's Share of Total					
		Of Ownership		Tax Credit From Line 11					
		%		\$					
		%		\$					
		%		\$					
		%		\$					
		%		\$					
		%		\$					
		%		\$					
		%		\$					
		%		\$					

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EMPLOYEE TUITION REIMBURSEMENT TAX CREDIT

Tax Year beginning/and ending/								
Name of Entity FEIN					EIN/SSN			
SECTION E Schedule of Tuition P	aid or Reimbursed by Emplo	yer						
	Accredited Educational Institution Located within Arkansas							
Employee's Name	Name of Institution	City		uition Paid mbursed	Amount Paid or Reimbursed (round to whole dollars)			
					\$			
					\$			
					\$			
					\$			
					\$			
					\$			
					\$			
					\$			
					\$			
					\$			
					\$			
					\$			
					\$			
					\$			
					\$			
1. Total Amount Paid or Reimbursed 1.								
2. Total Tax Credit (<i>Multiply Line 1 X 30%, Enter results here and on Line 11, Page 1, Section C</i>) 2.								