

AR1036

State of Arkansas EMPLOYEE TUITION REIMBURSEMENT TAX CREDIT

| lax Year beginning/ and ending/ | | | | | | | | |
|---------------------------------|---|---|----------------|-----|--|--|--|--|
| Name of Entity FEIN/SS | | | | | N | | | |
| Addre | ess | Code | | | | | | |
| City | State | County | Zip | | Telephone Number | | | |
| TION A | OWNERSHIP CLASSIFICATION (Check only one box) | | | | | | | |
| | 1. Sole Proprietorship 4. Partnership (Complete Section D be | | , | | | | | |
| C | 2. Taxable Corporation | 5. Limited Liability Company LLC (Complete Section D below) | | | | | | |
| SE | 3. Fiduciary | ection D below) | | | | | | |
| SECTION B | ELIGIBILITY CLASSIFICATION | | | | | | | |
| | 7. Enter Applicable Eligibility Number (Refer to Instru | | | | | | | |
| | 8. Enter Percentage of Revenue from out-of-state sales (If B | % | | | | | | |
| | Enter Percentage of retail sales to general public (I | % | | | | | | |
| | 10. Enter average hourly wages paid (If Eligibility Number | | | | | | | |
| 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 | \$ | | | | | | |
| | 14. Eligible Tax Credit available for this Tax Year only | \$ | | | | | | |
| | 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 | | | | | | | |
| SECTION D | Member's Name | Percentage Of Ownership | Member's SSN/F | EIN | Member's Share of Total Tax Credit From Line 11 | | | |
| | | % | | | \$ | | | |
| | | % | | | \$ | | | |
| | | % | | | \$ | | | |
| | | % | | | \$ | | | |
| | | % | | | \$ | | | |
| | | % | | | \$ | | | |
| | | % | | | \$ | | | |
| | | % | | | \$ | | | |
| | | % | | | \$ | | | |



AR1036

State of Arkansas EMPLOYEE TUITION REIMBURSEMENT TAX CREDIT

| Tax Year beginning / and ending / / | | | | | | | | | |
|--|---------------------|------|------------------------------------|--|--|--|--|--|--|
| Name of Entity FEIN/SSN | | | | | | | | | |
| 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) | | | | | |
| | | | | \$ | | | | | |
| | | | | \$ | | | | | |
| | | | | \$ | | | | | |
| | | | | \$ | | | | | |
| | | | | \$ | | | | | |
| | | | | \$ | | | | | |
| | | | | \$ | | | | | |
| | | | | \$ | | | | | |
| | | | | \$ | | | | | |
| | | | | \$ | | | | | |
| | | | | \$ | | | | | |
| | | | | \$ | | | | | |
| | | | | \$ | | | | | |
| | | | | \$ | | | | | |
| | | | | \$ | | | | | |
| 1. Total Amount Paid or Reimb | \$ | | | | | | | | |
| 2. Total Tax Credit (Multiply Li | \$ | | | | | | | | |