AR1100NOL



Arkansas Corporation Income Tax Schedule of Net Operating Loss

	Schedule of Net O	perating Loss
Corporation Name		FEIN
This form should be u	sed to calculate Net Operating Loss (NOL) amounts to enter on Line 29 or Schedule A,
Line C3 on Form AR1	100CT.	
Tax Year:	NOL Amt:	Yr Expires:
Tax Year 1:	Claim Amt 1:	Balance 1:
Tax Year 2:	Claim Amt 2:	Balance 2:
Tax Year 3:	Claim Amt 3:	Balance 3:
Tax Year 4:	Claim Amt 4:	Balance 4:
Tax Year 5:	Claim Amt 5:	Balance 5:
Tax Year 6:	Claim Amt 6:	Balance 6:
Tax Year 7:	Claim Amt 7:	Balance 7:
Tax Year 8:	Claim Amt 8:	Balance 8:
	Amt Expired:	
Tax Year:	NOL Amt:	Yr Expires:
Tax Year 1:	Claim Amt 1:	Balance 1:
Tax Year 2:	Claim Amt 2:	Balance 2:
Tax Year 3:	Claim Amt 3:	Balance 3:
Tax Year 4:	Claim Amt 4:	Balance 4:
Tax Year 5:	Claim Amt 5:	Balance 5:
Tax Year 6:	Claim Amt 6:	Balance 6:
Tax Year 7:	Claim Amt 7:	Balance 7:
Tax Year 8:	Claim Amt 8:	Balance 8:
	Amt Expired:	
Tax Year:	NOL Amt:	Yr Expires:
Tax Year 1:	Claim Amt 1:	Balance 1:
Tax Year 2:	Claim Amt 2:	Balance 2:
Tax Year 3:	Claim Amt 3:	Balance 3:
Tax Year 4:	Claim Amt 4:	Balance 4:
Tax Year 5:	Claim Amt 5:	Balance 5:
Tax Year 6:	Claim Amt 6:	Balance 6:
Tax Year 7:	Claim Amt 7:	Balance 7:
Tax Year 8:		Balance 8:
	Amt Expired:	
Tax Year:	NOL Amt:	Yr Expires:
Tax Year 1:	Claim Amt 1:	Balance 1:
Tax Year 2:	Claim Amt 2:	Balance 2:
Tax Year 3:	Claim Amt 3:	Balance 3:
Tax Year 4:	Claim Amt 4:	Balance 4:
Tax Year 5:	Claim Amt 5:	Balance 5:
Tax Year 6:	Claim Amt 6:	Balance 6:
Tax Year 7:	Claim Amt 7:	Balance 7:
Tax Year 8 [.]	Claim Amt 8:	Ralance 8:

Amt Expired: